

**RECEIVED**  
9/30/2021THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS****FILED**  
11/3/2021THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

JN

**1:21-cv-05148****Judge Virginia M. Kendall****Magistrate Judge M. David Weisman****PC2****DIRECT**WENDELL E. WEAVER # R47387

\_\_\_\_\_  
\_\_\_\_\_  
(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)DR. MARLENE HENZIECOLLEGEIAL; DR. GARCIA;WEXFORD HEALTH SOURCES, INC.;DR. WILLIAMS; DR. O.; DR. E;DR. HELEN BRUCKNER; PLACEMENT OFFICER MS. MARKS;  
(CORRECTIONAL)

GHALIAH OBAISE / SALEH OBAISE; SGT. MARKS, PLACEMENT OFFICER;  
(Enter above the full name of ALL WARDEN GOMEZ; ASST. WARDEN WILLIAMS; WARDEN ASST.  
defendants in this action. Do not ms. TARA HUNTER; JOHN DOE; JANE DOE, CORRECTIONAL  
use "et al.") OFFICER(S)

**CHECK ONE ONLY:**

☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)

☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

☐ **OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**I. Plaintiff(s):**

- A. Name: WENDELL E. WEAVER
- B. List all aliases: N/A
- C. Prisoner identification number: R47387
- D. Place of present confinement: STATEVILLE CORRECTIONAL CENTER
- E. Address: 16830 S. BROADWAY P.O. BOX 112 JOLIET, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: <sup>DR.</sup> MARLENE HENZIE  
 Title: MEDICAL DIRECTOR - DOCTOR  
 Place of Employment: STATEVILLE CORRECTIONAL CENTER / WEXFORD
- B. Defendant: DR. GARCIA ; - DOCTOR -  
 Title: COLLEAGUE UNIT  
 Place of Employment: STATEVILLE / WEXFORD
- C. Defendant: DR. WILLIAMS  
 Title: NURSE PRACTITIONER / ASST. DOCTOR  
 Place of Employment: <sup>WEXFORD /</sup> STATEVILLE CORRECTIONAL CENTER

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

## II. DEFENDANT(S);

D. DEFENDANT: DR. D

TITLE: MEDICAL DIRECTOR / DOCTOR

PLACEMENT OF EMPLOYMENT: WEXFORD / STATEVILLE  
CORRECTIONAL CENTER

E. DEFENDANT: DR. E

TITLE: MEDICAL DIRECTOR / DOCTOR

PLACEMENT OF EMPLOYMENT: STATEVILLE CORRECT-  
- IDNAL CENTER / WEXFORD

F. DEFENDANT: DR. HELEN BRUCKNER

TITLE: NURSE PRACTITIONER / DOCTOR

PLACEMENT OF EMPLOYMENT: WEXFORD / STATE  
VILLE CORRECTIONAL CENTER

G. DEFENDANT: DR. OBAISI

TITLE: MEDICAL DIRECTOR / DOCTOR

PLACEMENT OF EMPLOYMENT: WEXFORD / STATEVILLE  
CORRECTIONAL CENTER

H. DEFENDANT: WARDEN GOMEZ

TITLE: WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

I. DEFENDANT: ASST. WARDEN WILLIAMS

TITLE: ASST. WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

II. DEFENDANT(S): TARA HUNTER

J. DEFENDANT: TARA HUNTER

TITLE: ASST. TO THE WARDEN 6062

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

K. DEFENDANT: MS. MARKS

TITLE: SGT. / PLACEMENT OFFICER

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

L. DEFENDANT: JOHN DOE

TITLE: CORRECTIONAL OFFICER (ASST. WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

M. DEFENDANT: JANE DOE

TITLE: CORRECTIONAL OFFICER (ASST. WARDEN <sup>MEDICAL STAFF</sup>

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

N. DEFENDANT: JOHN DOE

TITLE: ACTING SGT.

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.



II: DEFENDANT(S).

O. DEFENDANT: WEXFORD HEALTH SOURCES, INC.  
TITLE: HEALTH CARE PROVIDER FOR ILLINOIS PRISON(S)  
PLACEMENT OF EMPLOYMENT: STATEWIDE C. C.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: WEAVER V. MARTIJA, ET AL.  
N.D. ILL. 16-C-940033
- B. Approximate date of filing lawsuit: SEPTEMBER 30, 2016 /
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: WENDELL E.  
WEAVER
- D. List all defendants: DR. OBAISI, WARDEN LAMB, DR. A. MARTIJA,  
OFFICER CHAVEZ, SGT. BURKLEY, MED TECH "BOBBY"
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT FEDERAL COURT
- F. Name of judge to whom case was assigned: VIRGINIA KENDALL
- G. Basic claim made: DELIBERATE INDIFFERENCE FOR MEDICAL/DENY  
FOR PINKY FINGER DISLOCATION
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): SETTLEMENT
- I. Approximate date of disposition: JANUARY 2020

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

III. LIST ALL LAWSUITS YOU (AND YOUR CO-PLAINTIFFS, IF ANY) HAVE FILED IN ANY STATE OR FEDERAL COURT IN THE UNITED STATES:

- A. NAME OF CASE AND DOCKET NUMBER: WENDELL WEAVER V. DR. J. MITCHELL, DR. BROWN, DR. JANE DOE 15-CV-02950
- B. APPROXIMATE DATE OF FILING LAWSUIT: MARCH 31, 2015
- C. LIST ALL PLAINTIFFS (IF YOU HAD CO-PLAINTIFFS), INCLUDING ANY ALIASES: WENDELL WEAVER -
- D. LIST ALL DEFENDANTS: DR. J. MITCHELL, DR. BROWN, DR. JANE DOE, R. PFISTER
- E. COURT IN WHICH THE LAWSUIT WAS FILED (IF FEDERAL COURT NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY): U.S. DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION
- F. NAME OF JUDGE TO WHOM CASE ASSIGNED: VIRGINIA M. KENDALL
- G. BASIC CLAIM MADE: DELIBERATE INDIFFERENCE TO PHYSICAL NEEDS / TREATMENT
- H. DISPOSITION OF THIS CASE (FOR EXAMPLE: WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING? (LOST AT TRIAL WITH JURY))
- I. APPROXIMATE DATE OF DISPOSITION: (FEBRUARY 2019)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1.) BACK IN 2015, ON AUGUST 05 THE PLAINTIFF FINGER WAS  
DISLOCATED DURING A BASKET BALL GAME AT STATEVILLE C.C.  
ON AUGUST 29, 2015 HE HAD HIS FIRST SURGERY TO SET HIS  
FINGER BACK IN PLACE. IN OR AROUND MID-OCTOBER 2015  
HE HAD A SECOND SURGERY TO GET THE PIN REMOVED FROM HIS  
FINGER TO HOLD THE BONE IN PLACE. ON OR AROUND DECEMBER  
29, 2015 THE DR. WHO PERFORMED BOTH SURGERIES (DR. FANTOS)  
RECOMMENDED A THIRD SURGERY TO REMOVE THE BUILDUP ON  
AND AROUND THE BONE OF THE SURGERY TO FREE IT UP OF CARBUNAGE  
ETC. AND IMPROVE MOBILITY AND FUNCTION, BUT TO NO AVAIL.  
STATEVILLE "COLLEGEIAL DOCTORS" DENIED THE REQUEST. SINCE THEN  
THE PLAINTIFF HAS BEEN COMPLAINT ABOUT CONSISTANT PAIN AND LACK  
OF MOBILITY AND FUNCTION, SO HE WAS SENT TO U. I. C. HOSPITAL  
ON DECEMBER 12, 2018, DR. ALFONSO MEJIA MD, RECOMMENDED THE  
THIRD SURGERY AGAIN, AND SET UP A SURGERY DATE AND GAVE ME  
THE DIRECTION AND SOLUTION TO USE ON THE DAY OF THE SURGERY  
BUT THAT DAY NEVER CAME, BECAUSE DR. HENZE AND DR. GARCIA  
(COLLEGEIAL UNIT) IN THE MEDICAL DENIED IT, SAYING THEY  
WERE GOING WITH SOME ALTERNATIVE TREATMENT; THAT THE

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

PLAINTIFF NEVER RECEIVED! THE PLAINTIFF HAS STILL BEEN IN PAIN AND HIS FUNCTION AND MOBILITY IS LITTLE TO NONE! DR. ALFONSO MEJIA, MD FROM U.I.C HOSPITAL ALSO NOTED: THIS THIRD SURGERY WAS "MEDICALLY NECESSARY" TO STOP THE PAIN AND GET SOME "FUNCTION AND MOBILITY" AND DR. HENZE AND DR. GARCIA (COLLEGEAL UNIT) PREVENTED THIS SURGERY TO SAVE "WEX FORD" MONEY AND GET A BONUS / KICK BACK FOR SAVING THEM (WEX FORD MONEY). TO THIS DAY THEY (STATEVILLE) IS DOING NOTHING FOR MY PAIN OR FUNCTION / MOBILITY, BESIDES A FEW PAIN PILLS FOR OTHER ISSUE(S) THAT WILL FOLLOW AND CLAIM THEY SHOULD HELP MY FINGER ASS WELL, BUT THEY DONT...., THE PLAINTIFF WAS ALSO DIAGNOSE WITH "SLEEP APNEA" WHERE HE STOP BREATHING DURING HIS SLEEP BY THE DOCTORS AT U.I.C BACK IN 2018, AND RECOMMEND A C-PAC MACHINE, BUT TO NO AVAIL, DR. HENZE AND DR. GARCIA (COLLEGEAL) ONCE AGAIN DENIED THAT REQUEST, COMPLETELY DISREGARDING "U.I.C" HOSPITAL INSTRUCTION / TREATMENT OF PLAINTIFF WHO CONTINUE TO SUFFER FROM THIS "SLEEP APNEA" TO GET BONUSES AND KICK BACK FROM WEXFORD PATTERN AND PRACTICE(S) TO SAVE MONEY AND CUT COST! THE PLAINTIFF HAS BEEN COMPLAINING ABOUT HIS SHOULDER(S) BOTH AND KNEE(S) BOTH FOR AS LONG AS "2017" COULD BE LONGER TO MULTIPLE DOCTORS HERE AT STATEVILLE, BUT TO NO AVAIL, EVEN ABOUT HIS RIGHT ARM AND RIGHT ELBOW; FROM THE DECEASED DR. ORAISIE, DR. WILLIAMS WHO TOLD PLAINTIFF HE HAS "BONE SPURS" BUT DID NOTHING FOR OR ABOUT THEM; DR. E, DR. O; DR. HENZE, DR. HELEN BRUCKLER; WHO TOLD PLAINTIFF "HE WALKING JUST FINE TO NOW" AND REFUSED TO TALK OR TREAT HIS KNEE / SHOULDER PAIN, BUT ACTUALLY TRIED TO TAKE HIS PAIN MEDICATION FROM HIM, SEE NEXT PAGE OF FACTS → 5A



## IV. STATEMENT OF CLAIM - CON'T

IN JANUARY OF 2018 THE PETITIONER/PLAINTIFF SEEN DR. WILLIAMS ABOUT THE CROOKED FOREARM AND BICEP MUSCLE BECAUSE IT LOOKED DEFORMED AND WAS SENT TO ST. JOSEPH HOSPITAL FOR TREATMENT, AN X-RAYS AND SENT ME BACK TO STATEVILLE, NOT CHECKING THE MUSCLE OR TO SEE IF THE MUSCLE HAD A TORN ETC. OVER THE FOLLOWING MONTH(S) AND BEFORE HIS SYMPTOMS NEVER IMPROVED WITH THE RIGHT ARM AND DEFORMITY AND MUSCLE, AND EVEN BEFORE THIS INCIDENT DR. WILLIAMS SEEN PLAINTIFF FOR HIS SHOULDER(S) AND KNEE(S) BACK IN 2017 WHEN SHE INFORMED PLAINTIFF <sup>(HE)</sup> HAD BONES SPURS, BUT DID NOTHING FOR HIM NOR PRESCRIBE ANY MEDICATION FOR SUCH CONDITION(S). ON MARCH 15, 2018 PLAINTIFF SEEN DR. E, THE MEDICAL DIRECTOR AT THAT TIME, AND HE EXAMINED MY ARM, KNEE(S) SHOULDERS(S) AND SAID HE WAS GOING TO PUT ME IN FOR SOMETHING, BUT NOTHING EVER CAME ABOUT FROM THAT VISIT? PLAINTIFF INJURY(S) NEVER IMPROVED ON HE CONSISTENTLY WROTE LETTER(S) AND GRIEVANCES REGARDING THE ABOVE MEDICAL CONDITIONS BUT TO NO AIL. ON JUNE 05, 2018 THE PLAINTIFF WAS SEEN BY AN DR. D ABOUT HIS SHOULDERS(S) AND KNEE PROBLEMS AND ARM AND TORN MUSCLE, ETC. HE SAID PLAINTIFF WOULD BE GOING OUT SOON, JUST BE PATIENT AND DEAL WITH THE PAIN LIKE A MAN, AND TOLD PLAINTIFF TO LEAVE WITHOUT GIVING HIM NOTHING FOR THE PAIN AND HIS SYMPTOMS, HE ALSO KNEW OF THE INJURY BECAUSE HE REVIEWED AND TALK TO PLAINTIFF ABOUT THE ULTRA SOUND/X RAYS, ETC. PLAINTIFF ALSO TOLD COUNSELOR WINTERS ABOUT THE LACK OF MEDICAL TREATMENT HE WAS RECEIVING AND SHE SAID SHE WOULD NOTE THAT ON MARCH 24, 2017, BUT NOTHING EVER CAME OF THIS. BACK IN DECEMBER 2015 PLAINTIFF EVEN TALKED TO AND COMPLAINED TO DR. OBASE ABOUT THE POPPING SOUNDS IN HIS KNEE(S) AND SHOULDER(S) AND HE DOCUMENTED THIS BUT NO ONE DID NOTHING FOR ME OR ALL THE COMPLAINTS AND AND PAIN PLAINTIFF BEEN IN FOR YEARS. HE ACTUALLY SAID THE X RAYS SHOWS NOTHING AND I ASK FOR AN MRI AND HE SAID NO WAY THAT'S TOO EXPENSIVE! AGAIN CUTTING CORNERS TO SAVE HIM AND WELFORD MONEY (5A)



SO ON FEBRUARY 10, 2018 PLAINTIFF PUT IN <sup>AND</sup> A SAW A NURSE BY THE NAME OF  
 PAGE (MEDTECH) WHO SAID COMPLAINTING IS NOT GOING TO GET YOU IN ANY  
 SOONER, SO YOU CAN STOP WITH THE COMPLAINTS, AND WALK OFF FROM ME!  
 PLAINTIFF SEEN DR. OBATSI ON NUMEROUS OCCASSION SINCE 2015  
 IN CLUDING DECEMBER 13, 2017 AND COMPLAINED ABOUT HOW  
 MUCH PAIN I WAS IN AND HE NOTED IN THE CHARTS BUT  
 DID NOTHING FOR ME BUT CONSTANT "SPIN" ME, AND TOLD  
 ME TO LEAVE, DURING THIS TIME ONLY THING WAS DONE FOR ME  
 BY OBATSI WAS SOME CLOTH KNEE STABILIZERS AND A FEW TYLENOL  
 THAT'S IT! AHH, YEAH HE ALSO GAVE ME SOME MUSCLE RUB FOR  
 THE KNEE(S) AND SHOULDER(S) PAIN. THEY (U.I.C.) ALSO GAVE ME A  
 STEROID SHOT IN ONE OF MY SHOULDER(S) BUT DIDN'T DO NOTHING  
 FOR MY PAIN THIS WAS BACK IN 2017/2018, BUT SINCE THEN  
 NOTHING BEEN DONE W/ MY SHOULDERS ETC, PLAINTIFF BEEN DEALING  
 WITH THESE SHOULDERS, KNEES, ARM BICEP ISSUE FOR YEARS, AND THEY  
 STARTED GETTING SO BAD HE STARTED TELLING (AND TALKING TOO WARDEN  
 THE PLAINTIFF SPOKE PERSONALLY TO ASSISTANT WARDEN D.  
 WILLIAMS ABOUT THE ISSUES BACK IN "2018" HE SAID HE WAS  
 GOING TO TALK TO SOMEONE BUT TO NO AVAIL NO ONE STAY DIDN'T  
 DO NOTHING FOR MY ISSUES (AND PAIN, I ALSO TOLD MR.  
 WILLIAMS ABOUT THE CPAC MACHINE U.I.C. WANTED ME TO  
 GET TO HELP WITH THE SLEEP APNEA, BUT TO NO AVAIL, MR.  
 WILLIAMS DIDN'T DO ANYTHING FOR MY SITUATION, I TOLD  
 HIM ABOUT MY U.I.C. WRIT AND NEVER SEEN THE MEDICAL  
 DIRECTOR ABOUT THE NEW RECOMMENDATION FROM U.I.C. HE  
 SAID HE WOULD CHECK INTO IT, BUT NO ONE EVER CALLED ME,  
 MEDICAL DIRECTOR DR. HENZE FINALLY SENT PLAINTIFF OUT FOR  
 A CT / MRI ON SHOULDERS AND <sup>RIGHT</sup> ARM SOME TIME IN 2019  
 AROUND FEBRUARY, AND IT CONFIRMED A TORN RIGHT ROTATOR  
 CUFF, AND TORN BICEPS TENDONITIS, ETC, AND A LITTLE WHILE  
 AFTER, THE PLAINTIFF RECEIVED AN MRI ON HIS <sup>RIGHT</sup> KNEE, AND  
 WAS CONFIRMED WAS A TORN MENISCUS, WHICH BEEN THE SOURCE.

OF PLAINTIFF PAIN AND SUFFERING DATING ALL THE WAY BACK UNTIL AT LEAST "2015". AND MS. HENZE KNOWN OF THESE RESULTS AS LEAST SINCE "2019" AND DID ABSOLUTELY NOTHING FOR THE PLAINTIFF, BUT GAVE A FEW PAIN PILLS AND CLOTH KNEE TUNINGS, WHICH DOES NOTHING FOR THE PAIN AS PLAINTIFF TOLD HER ON NUMEROUS OCCASIONS. PLAINTIFF HAS BEEN LIVING ON 9 AND 10 GALLERYS - THE HIGH GALLERY(S) FOR YEARS UNTIL RECENTLY WHEN HE COULDN'T CLIMB THE STAIRS NO MORE. AFTER THE RESULTS FROM THE M.R.I WAS SENT BACK TO STATEVILLE FROM U.T.C. SO IT WAS IN MY MEDICAL FILES, SO I SIGN UP FOR SICK CALL AGAIN AND WAS SEEN BY DR. HELEN BRUCKNER, AND TOLD HER ABOUT THE PAIN I WAS IN AND SHE SAID THAT'S NOT HER PROBLEM, AND SHE CAN'T MAKE MY LIFE PAIN FREE, AND I TOLD HER THE TYLENOL I WAS TAKING FOR SOMETHING ELSE WAS NOT WORKING FOR MY KNEE (SHOULDER AND ARM PAIN), SHE SAID I'M LUCKY TO BE GETTING THAT AND TOLD ME TO LEAVE. I ASK HER CAN SHE GIVE ME SOME STRONGER MEDICATION FOR MY PAIN, AND TOLD HER ABOUT MY M.R.I AND THE DAMAGE, BUT SHE JUST IGNORED WHAT I WAS TELLING HER, I'M SURE SHE SEEN MY RESULTS BECAUSE SHE WAS LOOKING AT MY FILES. SO I WAS FRUSTRATED BY MY LACK OF TREATMENT THAT I CALLED WARDEN GOMEZ, ASST WARDEN WILLIAMS, AND THE WARDEN ASST. TARA HUNTER ON 6 GALLERY SOME TIME IN EARLY / MID 2020 AND TOLD THEM ABOUT THE EXCRUCIATING PAIN I BEEN IN FOR YEARS, 2ND TIME TALKING TO ASST. WARDEN WILLIAMS, AND HIS ASST. HUNTER AND THEY PROMISE ME THEY WAS GOING TO GET ME SOME MEDICAL TREATMENT, BUT NOTHING AGAIN HAPPEN, I EVEN SHOWED THEM HOW SWOLE MY KNEE WAS, MY CELLMATE (WALLS) CAN ATTEST TO THESE FACTS AS WELL. TO THIS DAY, I HAVEN'T SEEN NO ONE ABOUT THESE ISSUES, EVEN AFTER THE M.R.I'S?

IV. STATEMENT OF CLARENCE

I'm IN SEVERE PAIN, EVERYTIME I MOVE MY RIGHT KNEE AND MY SHOULDER AND ARM BECAUSE FOR SO LONG, I CAN'T EXPLAIN THE PAIN NOW, IT JUST HURTS CONSTANTLY 24 HOURS A DAY, I TELL THE MED TECH'S AND THE DOCTORS AND IT JUST FALL ON DEAF EARS? ONE OF THE NURSE'S BY THE NAME "TINA" TOLD ME TO WRITE A GRIEVANCE, AND I TOLD HER I HAVE WRITTEN TONS OF GRIEVANCES THEY DON'T GET NOTHING DONE AROUND HERE, MY FEAR MY KNEE AND SHOULDER IS WORSE NOW, THEN IT WAS YEARS AGO, DUE TO THE (LACK OF TREATMENT) MED TECH THAT EVEN ADMITTED THE MEDICAL UNIT WAS TREATING US ROGGISH, SO

4) IN <sup>OR</sup> AROUND SEPTEMBER OF 2020, I STARTED WRITING THE HEALTH CARE DIRECTLY "TO WHOM IT CONCERN" AND TELLING EVERY "MED TECH" I SAW MY KNEE(S) WAS STARTING TO GIVE OUT, AND ME CLIMBING UP TO THE TOP BUNK WAS STARTING TO BE PAINFUL AND CHALLENGING AND I TOLD L.T. ANDERSON ABOUT THIS, I ALSO MENTIONED TO ALL OF THE ABOVE, THAT CELLS WERE OPEN ON (LOWER GALLERY) IN THE HOUSING UNIT I WAS CURRENTLY LIVING IN (CHAISE) WHICH WOULD HELP ME WITH THE PAIN, INSTEAD OF LIVING ON 6<sup>TH</sup> GALLERY, CLIMBING ALL THE STAIR(S) AND CLIMBING TO GET IN THE TOP BUNK SO THE SECURITY STAFF - LT. ANDERSON SAID YOU NEEDED A MEDICAL PERMIT TO GET MOVED DOWN STAIRS, SO I STARTED WRITING EVERY DAY AND NIGHT AND TELLING THE "MED TECH'S" TO GET ME IN TO <sup>(SEE)</sup> THE DOCTOR SO I COULD GET A LOW GALLERY/LOW BUNK PERMIT; A LITTLE WHILE LATER, WITHOUT SEEING A DOCTOR, A PERMIT CAME THEN THE MAIL, BUT THEY NEVER MOVED ME DOWN STAIRS, SO I START COMPLAINTING TO THE SECURITY STAFF, ABOUT THEM NOT HONORING MY MEDICAL PERMIT(S).

(7.)



SO ON OR AROUND SEPTEMBER 24, 2020, I SPOKE TO THE ACTING SGT. OF CHOUSE, THE UNIT I BEEN LIVING IN FOR A FEW YEARS (GOOD HOUSING UNIT) "LOW AGGRESSION" NO PROBLEMS OR TROUBLE, ETC. AND TOLD HIM ABOUT MY MEDICAL PERMIT(S) AND HOW THEY WERE VIOLATING MY RIGHTS, NOT RESPECTING MY MEDICAL CONDITION(S) ETC. SO HE STORMED OFF SAYING HE GOING TO TELL PLACEMENT OFFICER (SGT. MARKS) WHAT I SAID; A HOUR OR SO LATER HE CAME BACK SAYING, I'M MOVING TO E-HOUSE THE WORSTEST HOUSE IN STATEVILLE, AND A (HIGHER AGGRESSION HOUSE) THAT'S (NASTY AND VIOLENT) THEY DID THIS ON SOME (RETALIATION) STUFF, BECAUSE OF ME COMPLAINTING ABOUT THEM NOT HONORING MY MEDICAL CONDITION(S) AND PERMITS? WHAT OTHER REASON WOULD THEY DO THIS, WHEN CELLS WERE OPEN IN (CHOUSE) ON LOWER GALLERY ESPECIALLY 2 GALLERY WING, I WOULD IT TOO BE (NO STAIRS) TO CLIMB TO GET TO MY CELL), NOT TOO MENTION ME HAVING A (LOW AGGRESSION LEVEL) THE EHOUSE CELL THEY MOVE ME TO WAS 123; IT HAD BLACK MOLD ON THE WALL, THE WATER DIDNT WORK, AND ROACHES, AND SPIDERS, ANT(S) ETC. WAS ALL OVER THAT CELL, ALL BECAUSE I WANTED TO MOVE ON A LOWER GALLERY DUE TO MY CONDITIONS AND PERMIT(S) TOO BE RESPECTED AND HONORED, TO HELP ALLEVIATE SOME OF THIS PAIN, I BEEN EXPERIENCING FOR MANY YEARS AROUND HERE. THIS BLACK MOLD IN THAT CELL IN E-HOUSE COULD HAVE CONTRIBUTED TO MY ILLNESSES, I'M EXPERIENCING RIGHT NOW ON SOMETHING UNRELATED TO THIS LAW SUIT! (SHORTNESS OF BREATH) (HEAD ACHES) CHEST PAIN(S) BLURRY VISION) ETC. LT. NORMAN OF EHOUSE, AND SGT/LT. MILSAP CAN ATTEST TO THE MOLD ON THE WALL, BECAUSE THEY GAVE ME SOME BLEACH AND DISINFECTANT TRY AND GET IT OFF THE WALL, PLUS I WROTE NUMEROUS GRIEVANCES, AND TALK TO MY THEN COUNSELOR SCOTT ABOUT IT, AND HE SAID HE CAN'T DO NOTHING ABOUT HIS MOVE OR THE BLACK MOLD, BUT DOCUMENT IT ON MY GRIEVANCES, SAME ABOUT MY MEDICAL ISSUE(S), MY CURRENT COUNSELOR MS. DIXON HAS TOLD ME THE SAME THING, ABOUT MEDICAL SO I'M FORCED TO FILE THIS LAW SUIT TO GET ME SOME MEDICAL HELP. I WROTE PLACEMENT OFFICER SGT. MS. MARKS TO MOVE BACK TO CHOUSE ON NUMEROUS OCCASSION, BUT TOO NO AVAIL, SHE NEVER WROTE ME BACK OR CALL WITH SHE MOVED ME TO (7A) BGGH WITH WHEN SHE HAD CELL OPEN IN CHOUSE

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. WHEREFORE, PLAINTIFF RESPECTFULLY PRAYS THAT THE COURT ENTER JUDGEMENT GRANTING PLAINTIFF: A DECLARATION THAT THE ACTS AND OMISSIONS DESCRIBED HEREIN VIOLATED PLAINTIFF RIGHTS UNDER THE CONSTITUTIONS AND LAWS OF THE UNITED STATES, COMPENSATORY DAMAGES IN THE AMOUNT OF \$250,000.00 AGAINST EACH DEFENDANT, AND INJUNCTIVE RELIEF, SURGERY ON MY LEFT PINKY FINGER, SURGERY ON MY RIGHT SHOULDER / ARM ELBOW / REPAIR MY TORN MENSUREMENTS IN RIGHT KNEE, AND TORN ROTATOR CUFF, Biceps.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 15<sup>th</sup> day of AUGUST, 2021

Wendell Weaver  
(Signature of plaintiff or plaintiffs)

WENDELL WEAVER  
(Print name)

R47387  
(I.D. Number)

16830 S. BROADWAY ST- ROUTE 53  
COLETT, IL 60434  
(Address)

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B624

Date: <b>SEPT 12, 2017</b>	Offender: (Please Print) <b>WENDELL WEAVER</b>	ID#: <b>R47387</b>
Present Facility: <b>STATEVILLE C.C.</b>	Facility where grievance issue occurred: <b>STATEVILLE C.C.</b>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> Grievance Department
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_

**RECEIVED**  
**STATEVILLE C.C.**  
**SEP 22 2017**  
**1547**

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status application.

Complete: Attach a copy of any pertinent document (such as disciplinary report, medical record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

**ON SEPTEMBER 07, 2017 THE ABOVE OFFENDER PUT HIS NAME ON THE SICK CALL LIST. THE NEXT DAY "LYDIA" CAME OVER TO SEE ME, AND I TOLD HER THAT MY "FINGER" (LEFT PINKY) THE "SURGERY FINGER" HAS BEEN BOTHERING ME IN (EXTREME PAIN). I TOLD HER I NEEDED PAIN MEDS AND SHE TOLD ME I'M SCHEDULED TO SEE THE "MEDICAL DIRECTOR" DRAET FOR TUESDAY SEPT 12, 2017 BUT TO "NO AVAIL" THEY DIDN'T CALL /OR SEE ME, I ALSO TOLD HER ABOUT MY LOWER BACK PAIN, and RELIEF REQUESTED: GET ME TO A DOCTOR (OUTSIDE) FOR M.R.I. PAIN MEDICATION and SHE WHY I GOT KICKED OUT OF "PHYSICAL THERAPY" FOR LEGAL CAUS, VISITS, LIBRARY**

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

\_\_\_\_\_ ID# **R47387** Date **9, 12, 17**  
 Offender's Signature

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <b>9, 16, 17</b>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside Jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <b>A copy of this grievance has been forwarded to the H.C.U. for review and response, the original to the Grievance Officer. You must come to send your copy to either the H.C.U. or Grievance Officer. You will receive a final response from the Grievance Officer when the H.C.U. responds to same.</b>	
_____ Print Counselor's Name	_____ Counselor's Signature
Date of Response: <b>9, 16, 17</b>	

EMERGENCY REVIEW	
Date Received: <b>9, 14, 17</b>	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
_____ Chief Administrative Officer's Signature	Date: <b>9, 14, 17</b>



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

"IS"  
(PAIN EXCRUCIATING)

(BOTH) SHOULDERS, ELBOWS PASS ON MY LEFT ARM, AND FINALLY MY KNEE(S) BOTH OF THEM ARE HURTING... SHE TOLD ME TO EXPLAIN EVERYTHING TO THE MEDICAL DIRECTOR, BUT HOW CAN I IF SHE DIDN'T MAKE ME AN APPOINTMENT? SHE TOLD ME I HAVE ONE COMING UP TODAY, BUT I DIDN'T GO. I WENT TO SEE SOMEBODY BECAUSE I AM IN PAIN, ESPECIALLY MY PAINKY FINGER. PLEASE CALL ME, SAWN AND SEND ME SOME MEDICATION FOR PAIN. SHE ALSO TOLD ME "HOSEA" THE PHYSICIAN, THERAPIST KICK ME OUT BECAUSE I HAD URGAL CALLS, VISTS (THANKS) ETC. ON THE DAYS HE SCHEDULE ME, NOT TO MENTION (LAW-LIBRARY) PLUS MY FINGER IS IN SO MUCH PAIN I CAN'T DO PHYSICAL THERAPY FOR THAT ANYHOW! (THE FINGER, KNEES & LOWER BACK) (ELBOWS) (SHOULDERS) NEED MEDICAL TREATMENT / AND M.R.I.'S TO SEE WHAT'S THE REAL PROBLEM!

TODAY IS SEPTEMBER<sup>(THURSDAY)</sup> 14, 2017, I GOT MY GRIEVANCE BACK SAYING IT'S NOT AN EMERGENCY SO THEY SENT IT BACK, TO COME FROM THE ORIGINAL GRIEVANCE ABOVE. I DID SEE THE MEDICAL DIRECTOR YESTERDAY (WEDNESDAY SEPT 13, 2017, AND EXPLAIN MY (PAIN) AND EVERYTHING I EXPLAIN TO "LYDIA" AND HE STILL DIDN'T GIVE ME NOTHING FOR PAIN? HE ORDERED SOME MORE LOWER BRACES / NOT BRACES BUT SOME CLOTH LOWER STABILIZERS I GUESS, WHICH DON'T DO NOTHING FOR THE PAIN IN MY KNEES, (NO PAIN MEDS) PLUS MY FINGER IS / AND HAS BEEN IN EXCRUCIATING PAIN SINCE MY SURGERY BACK IN (2015) MY LOWER BACK ~~IS~~ KILLING ME AND MY ELBOW HE<sup>(SHOULDERS)</sup> ORDERED SOME (MUSCLE RUB) AND TOLD ME TO USE THAT, AND HE'LL SEE ME IN (6) MONTHS, I'LL BE DEAD IN SEVERAL MONTHS W/ THE PAIN I'M IN, PLEASE DO SOMETHING ABOUT THIS. HE ALSO ORDERED ME AN BACK STABILIZER, BUT THIS NOT GOING TO DO NOTHING FOR PAIN... — THANKS —

P.S. I HAVEN'T HAD NO PAIN MEDS FOR MY FINGER, SINCE THE POST SURGERY I A FEW WEEKS AFTER THE FACT, BACK IN 2015.

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B6024

Date: 10-17-17	Offender: (Please Print) WENDELL WEAVER	ID#: B47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
<b>NATURE OF GRIEVANCE:</b> <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: <b>RECEIVED STATEVILLE C.C. NOV 09 2017</b>  Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  Chief Administrative Officer, only if EMERGENCY grievance.  Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>ON TODAY'S DATE,</u>  <u>THE ABOVE OFFENDER SAW DR. CRATSI, FOR A FOLDED UP "I GUESS</u>  <u>OR FOR AN UNREPAIRED ISSUE, WHEN THE ABOVE OFFENDER TOLD</u>  <u>HIM THE "MUSCLE BUR", KNEE CLOTH STABILIZER" AND BACK</u>  <u>(7-13-17) HEAVY ME)</u>  <u>SUPPORT WASN'T HELPING MY PAIN / AND STABILIZERS. MY SHOULDER'S</u>  <u>ARE POPPING / AND IS "KNEE ON BONE" SAME. WITH MY</u>  <u>KNEES THEY ARE POPPING MAKING NOISES, BOTH HAS</u>  <u>BEEN DOING THIS FOR SOME YEARS NOW, AND EVERYTIME I</u>  <u>TALK DR. CRATSI, HE DOES NOTHING! HE GAVE ME SOME</u>  <u>TYLENOL, FOR PAIN IN MY SUGAR FINGER THAT HAS</u>  <u>RELIEF REQUESTED: GIVE ME STRONG PAIN MEDS, GET ME TO A BONE</u>  <u>SPECIALIST / AND OR M.R.I TO SET THE REAL PROBLEM</u>  <u>WITH MY SHOULDER(S), KNEE(S), ELBOW, AND LOWER BACK PAIN</u>  <input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. </p>		
Offender's Signature: <u>[Signature]</u>	ID: <u>B47387</u>	Date: <u>10-17-17</u>

(Continue on reverse side if necessary)

<b>Counselor's Response (If applicable)</b>		
Date Received: <u>11-16-17</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
<p>Response: <u>A copy of this grievance has been forwarded to the HCL for review and response and a copy to the Grievance Office. There is no need to send your copy to the Grievance Office or HCL. You will receive a final response from the Grievance Office when the HCL responds.</u></p>		
Print Counselor's Name: <u>T. Butler-Winters</u>	Counselor's Signature: <u>[Signature]</u>	Date of Response: <u>11-25-17</u>

<b>EMERGENCY REVIEW</b>	
Date Received: <u>11-14-17</u>	Is this determined to be of an emergency nature? <input checked="" type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: <u>[Signature]</u>	Date: <u>11-14-17</u>

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

BEING KILLING ME TO SAY THE LEAST, THE SHOULDERS ARE POPPING "BONE ON BONE PAIN" THE LOWER BACK PAIN AND THE PUPPING "BONE ON BONE" KNEE (S) PAIN, WHICH DOES (NOTHING FOR THE PAIN) MY ELBOW "LEFT ARM" IS ALSO PAINING, THE TYLENOLS ARE NOT HELPING, I NEED TO SEE A BONE ~~PHYSICIAN~~ DOCTOR TO SEE WHAT IS MY BONES PUPPING AND IN SO MUCH PAIN, MY BLOOD PRESSURE CHECKS HAS BEEN HIGH DUE TO THIS EXTREME PAIN I'M IN. PLEASE DO SOMETHING ABOUT THIS, I TELL THE MED TECH'S THIS EVERYTIME THEY CHECK MY BLOOD PRESSURE (WHICH IS EVERY DAY) BUT TO NO AVAIL. PLEASE HELP ME. DR. ORALSE TOLD ME THAT'S ALL THE MEDS - CAME HE WAS GOING TO GIVE ME. AND HAVE A NICE DAY! AND THERE NOTHING ELSE THAT CAN BE DONE FOR MY SURGERY PINKY FINGER / AND THE PAIN.

(AND A) "BED"

BUTLET REQUEST: NEW MATTRESS, MAY ~~NOT~~ COULD HELP MY LOWER BACK PAIN.



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Bl 24

Date: <u>DEC. 18, 2017</u>	Offender: (Please Print) <u>WENDELL WEAVER</u>	ID#: <u>R47387</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	
<b>NATURE OF GRIEVANCE:</b>		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Disciplinary Report: _____		<input type="checkbox"/> HIPAA
Date of Report: _____		Facility where issued: _____
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody issue.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to STATEVILLE C.C. Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p><u>ON DECEMBER 01, 2017, I SEEN DR. WILLIAMS ABOUT MY SHOULDER(S), KNEE(S), FINGER, LOWER BACK PAIN, and LEFT ELBOW PAIN... IN REVIEWING my CHART(S) X-RAYS ETC. SHE INFORMED ME, I HAD SOMETHING CALLED "BONE SPURS" and THIS COULD BE A REASON FOR my PAIN. I NEVER WAS TOLD BY "NO ONE" - MEDICAL PERSONNEL - ABOUT THIS. DR. DRAKE NEVER, EVER MENTIONED THIS TOO ME (AFTER YEARS OF ME COMPLAINING ABOUT ALL THIS PAIN I HAVE BEEN IN. SO SHE RECOMMENDED ME BACK -</u></p> <p>Relief Requested: <u>HELP ME FIND OUT WHAT IS WRONG, AND HAVING ALL THIS PAIN, and see IF THESE "BONE SPURS" THE PROBLEM THEN AND M.R. &amp; OR WHATEVER TO DETERMINE THE PROBLEM(S).</u></p> <p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p> <p><u>[Signature]</u> <u>R47387</u> <u>12, 18, 17</u> Offender's Signature ID# Date</p> <p>(Continue on reverse side if necessary)</p>		

<b>Counselor's Response (if applicable)</b>		
Date Received: <u>2, 7, 18</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<p>Response: <u>A copy of this grievance has been forwarded to the HCL for review and response and the original to the Grievance office. There is no need to send your copy to the Grievance Office or HCL you will receive a final response from Grievance Office when HCL responds to same.</u></p> <p><u>T. Butler-Winters</u> <u>[Signature]</u> <u>2, 7, 18</u> Print Counselor's Name Counselor's Signature Date of Response</p>		

<b>EMERGENCY REVIEW</b>	
Date Received: <u>1, 24, 18</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
	<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>[Signature]</u> Chief Administrative Officer's Signature	<u>1, 24, 18</u> Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

Back to the medical director DR. DBAISI, ON DECEMBER 13, 2017 I SEEN DR. DBAISI and explain my EXCRUCIATING PAIN IN MY SHOULDER(S) KNEES, and LOWER BACK, FINGER, and LEFT ELBOW. PLUS WHAT DR. WILLIAMS TOLD ME ABOUT THE "BONE SPURS" HE TOLD ME I WAS GOING BACK OUT TO U.I.C. FOR MY FINGER, BUT HE CAN'T DO NOTHING FOR MY OTHER CONDITIONS. I EVEN SHOWED HIM HOW I COULD BARELY RAISE MY ARM(S) TO "CHEST LEVEL" and HOW MUCH PAIN I WAS IN AND HOW LONG I BEEN DEALING WITH THESE PROBLEMS. HE ASK ME HOW LONG, I TOLD HIM, IT'S IN THE "MEDICAL CHARTS" DATING BACK AT LEAST 6-7 YEARS AGO.... SO HE GAVE ME SOME MORE PILLS (INDOMETHACIN) and TOLD ME TO HAVE A "NICE DAY". BEFORE I LEFT HIS OFFICE, I ASK HIM WHEN I GO TO U.I.C. CAN HE PUT IN THAT <sup>(APPOINTMENT)</sup> THEY SEE ME FOR MY OTHER ISSUE(S) HE SAID HE COULDN'T DO THAT BECAUSE WEXFORD HAVEN'T APPROVED ME FOR THAT /OR THEM ISSUES. SO I SAID CAN I TALK TO THEM ABOUT MY OTHER ISSUES, HE SAID "BROTHER THIS IS A FREE COUNTRY" and SAID YOU CAN LEAVE NOW. ON DECEMBER 14, 2017, I WENT TO U.I.C. FOR MY "FINGER" and THE DR. THERE TOLD ME, HE CAN'T DO NOTHING FOR <sup>(my)</sup> FINGER MOBILITY / BUT FOR THE PAIN, and THIS NOT 100% TO STOP MY PAIN BUT IT MAY HELP, HE COULD "FUSE THE BONES TOGETHER" BUT IT WOULD NOT GUARANTEE THE PAIN WOULD SUBSIDE. THIS MIGHT BE SOMETHING I HAVE TO LIVE WITH.... THEN I TOLD THEM ABOUT MY OTHER ISSUE(S) SHOULDER(S) THE "POPPING" I BEEN EXPERIENCE, MY KNEE(S) THE POPPING AND PAIN I'M IN, MY LEFT ELBOW and HOW IT HURTS, HOW I'M UNABLE TO SLEEP, and MY LOWER BACK PAIN, THE SAME THING I BEEN COMPLAINING TO DR. DBAISI ABOUT. THE POPPING THE DR. AT U.I.C. SAID COULD BE SERIOUS, SO SHE PUT IN A REFERRAL TO SEE ANOTHER BONE DOCTOR FOR MY SHOULDER(S) and KNEE(S), <sup>(AND SENT IT TO STATEVILLE)</sup> ELBOW, THEY DIDN'T MENTION MY LOWER BACK PAIN.... I'M WORRIED THAT MY SHOULDER(S) KNEE(S) BEEN OUT OF WACK, <sup>(FOR)</sup> SO LONG I MAY NEED A SURGERY / OR <sup>(HANG)</sup> PERMANENTLY DAMAGE WHICH MAY EFFECT MY "RANGE (and MOBILITY)" DUE TO DR. DBAISI DELAY IN <sup>(my)</sup> TREATMENT LIKE MY FINGER DID! CAN SOME BODY PLEASE HELP ME and DO SOMETHING ABOUT THIS.. (PLEASE)

RESPECTFULLY,

Wendell Weaver

-THANKS-



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

ble24

Date: JAN 29, 2018 Offender: (Please Print) WENDELL WEAVER ID#: 1247387

Present Facility: STATEVILLE C.C. Facility where grievance issue occurred: STATEVILLE C.C.

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify) _____	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: RECEIVED STATEVILLE C.C. FEB 20 2018 GRIEVANCE DEPARTMENT BY: [Signature]

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON DECEMBER 27 OR THE 28TH OF 2017, THE ABOVE OFFENDER WAS SEEN BY "MEDICAL DIRECTOR DR. E. FROM 2 FOLLOW UP AT U.I.C. HOSPITAL VISIT, and WAS TOLD BY THE OFFENDER WHAT THE DR.'S (DOCTORS) AT U.I.C. SAID IN REGARDS TO MY FINGER, SHOULDER(S) and KNEE(S) ABOUT THEY <sup>"RECOMMEND"</sup> I SEE ONE OF THEY "BONE SPECIALIST" / BONE DOCTOR IN REGARDS MY CRONIC PAIN and POPPING in my SHOULDER. KNEE(S) LEFT ELBOW, THEY SENT STATEVILLE A →

Relief Requested: FIND OUT WHY I'm IN SO MUCH PAIN and WHY MY KNEE(S) SWELLING UP? and POPPING STING WITH MY SHOULDER(S) and ELBOW, and LOWER BACK.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: [Signature] # 1247387 1.29.18 Date: 1.29.18

(Continue on reverse side if necessary)

Date Received: ____/____/____	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;"> <b>Counselor's Response (If applicable)</b> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Send directly to Grievance Officer         </div> <div> <input type="checkbox"/> Outside jurisdiction of this facility. Send to          Administrative Review Board, P.O. Box 19277,          Springfield, IL 62794-9277         </div> </div> <div style="margin-top: 10px;">         Response: _____          _____          _____          _____          _____       </div>
Print Counselor's Name	Counselor's Signature

<b>EMERGENCY REVIEW</b>	
Date Received: <u>2, 22, 18</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Walter Kischali</u> Chief Administrative Officer's Signature	<u>2, 22, 18</u> Date



## OFFENDER'S GRIEVANCE (Continued)

REFERRAL FOR SUCH ON THAT SAME DAY.  
 I RETURNED ON DECEMBER 14<sup>TH</sup> 2017 WHEN  
 DR. E DISCUSS WITH ME, and SAID HE WAS  
 GOING TO PUT IN HIS REFERRAL TO WYFORD  
 TO SEE IF THEY WOULD APPROVE ME. I GOT A  
 GRIEVANCE BACK YESTERDAY, SAYING I'M APPROVED  
 TO SEE U.I.C. BONE SPECIALIST, BUT THAT WAS  
 IT. SEE, GRIEVANCE # 324 DATED 1-25-18 I'AM  
 IN EXCRUCIATING PAIN AS I WRITE THIS GRIEVANCE  
 and HAVE BEEN FOR THE PAST THREE (3) YEARS OR  
 LONGER, I KNOW SOMETHING IS WRONG WITH  
 MY SHOULDER(S) and KNEE(S) DUE TO THE  
 PAIN and POPPING SOUNDS, CAN SOMEONE  
 PLEASE TELL ME WHY I HAVEN'T RECEIVED  
 ANY HELP IN THIS REGARD? EVERYTIME  
 I WALK FOR A LONG PERIOD OF TIME OR  
 STAND ON MY FEET MY KNEE(S) SWELL UP.  
 MY ARMS CAN'T GO ABOVE MY CHEST LEVEL,  
 IT'S HARD FOR ME TO WASH UP and USE  
 THE REST ROOM, OR EVEN SLEEP, MY LOWER  
 BACK IS KILLING ME, THE MD'S THEY HAVE  
 GIVING ME DOES NOTHING FOR THE PAIN  
 PLEASE HELP ME.

P.S. I'M AFRAID - THANKS -  
 MY SHOULDER(S) and  
 KNEE(S) ROCK, ELBOW WILL NOT  
 SURGEY RUL OUT THE NEAREST THE  
 MEDICAL DEPARTMENT BEEN INFORMING  
 ON ME, WITH IGNORING my COMPLAINTS and PLAN.

## OFFENDER'S GRIEVANCE

Date: <b>3-9-2018</b>		Offender: (Please Print) <b>WENDELL WEAVER</b>	ID#: <b>R47387</b>
Present Facility: <b>STATEVILLE C.C.</b>		Facility where grievance issue occurred: <b>STATEVILLE C.C.</b>	
<b>NATURE OF GRIEVANCE:</b> <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other <input type="checkbox"/> Disciplinary Report: _____ Date of Report _____ Facility where issued _____			
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to the Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.			
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <b>IN JANUARY 2018, THE ABOVE OFFENDER HURT          HIS RIGHT ARM FORE-ARM - AND - RIGHT BICEP          DURING A BASKETBALL GAME, DR. WILLIAMS SEEN THE          OFFENDER A FEW HOURS LATER AND NOTICE THE CROOKED          FORE ARM AND BICEP MUSCLE LOOKED DEFORMED, SO SHE          SENT THE OFFENDER OUT TO ST. JOSEPH HOSPITAL IN          ADULT. THEY DID X-RAYS ON THE BONES AND SAID THEY          WERE NEGATIVE AND SENT ME BACK TO STATEVILLE, NOT          CHECKING THE MUSCLES OR TO SEE IF ANY MUSCLE HAD</b>			
Relief Requested: <b>PAIN MEDS FOR MY ARM - AND - SEND ME TO SEE WHY MY          ARM - BICEP IS HURTING AND DEFORM, MY SHOULDER, KNEE(S) LOWERS          BACK PAIN - LEFT ELBOW - AND NEW BLOOD PRESSURE MEDS, AND WHY IT'S HIGH!</b>			
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.			
<b>Wendell Weaver</b> Offender's Signature		<b>R47387</b> ID#	<b>3, 19, 18</b> Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <b>4, 19, 18</b>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <b>A copy of this grievance has been forwarded to the H.C.U.          for review and response and the original to the grievance officer.          You don't need to send your copy to the H.C.U. or grievance officer.          You will receive a final response when the H.C.U. responds to me.</b>		
<b>T. Blatter-Winters</b> Print Counselor's Name	<b>T. Blatter-Winters</b> Counselor's Signature	<b>4, 19, 18</b> Date of Response

EMERGENCY REVIEW	
Date Received: <b>4, 19, 18</b>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<b>[Signature]</b> Chief Administrative Officer's Signature	<b>4, 19, 18</b> Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

TORE<sup>(6)</sup> TEARS, ETC. OVER THE FOLLOWING MONTHS MY SYMPTOMS NEVER IMPROVED and my ARM - BICEP CONTINUE TO HURT, ESPECIALLY WHILE BENDING, SO I PAID \$5 DOLLARS TO SEE A DR. AGAIN, MRS. WILLIAMS, IS WHO I SAW ON FEB 20, 2018, SHE EXAMINED MY ARM AGAIN NOTICING THE DEFORMITY and REFER ME TO (PHYSICAL THERAPY) BUT TO NO-AVAIL today is 3-19-18 and I STILL HAVEN'T BEEN TO PHYSICAL THERAPY. MY ARM AND BICEP CONTINUES TO HURT AS WELL AS MY SHOULDER(S) KNEE(S) LOWER BACK, AND LEFT ELBOW. ON MARCH 15, 2018 I SAW DR. & THE MEDICAL DIRECTOR and HE EXAMINED MY ARM, BUT SAID MY OTHER ISSUES IS NOT WHAT I'M THERE FOR, HE SEEN THE DEFORMITY OF MY ARM AS WELL, and SAID HE'S GOING TO PUT ME IN and THAT WAS IT. SO I TOLD HIM ABOUT MY BLOOD PRESSURE MEDICINE NOT WORKING NO MORE and CHEST PAINS, MY BLOOD PRESSURE WAS 180/108 - I BEEN HAVING HEADACHES - DIZZINESS - BLURRY VISION ETC. SO HE GAVE ME AN EKG and SAID EVERYTHING WAS NORMAL and GAVE ME 2 CLONIDINE BLOOD PRESSURE PILL TO REDUCE MY BLOOD PRESSURE. WHEN I TOOK IT TOO 140/90 and ORDER CHECKS, THIS IS FOUR (4) DAYS LATER and NO ONE CAME TO CHECK MY BLOOD PRESSURE, I'M STILL FEELING THOSE SYMPTOMS I SPOKE ON EARLIER SOMEONE PLEASE DO SOMETHING I DON'T WANT TO HAVE A STROKE OR HEART ATTACK.

THANK-YOU.



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B624

Date: 07-05-2018	Offender: (Please Print) WENDELL WEAVER	ID#: R47387
Present Facility: STATEVILLE D.C.		Facility where grievance issue occurred: STATEVILLE C.C.

RECEIVED  
STATEVILLE C.C.  
Restoration of Good Time  
Medical Treatment  
2018  
GRIEVANCE DEPARTMENT  
BY: 4899  
Facility where issued

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Disciplinary Report: _____			

Date of Report: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shockdown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

IN EARLY JANUARY 2018 THE ABOVE OFFENDER INJURED HIS RIGHT ARM / BICEP MUSCLE DURING A BASKET BALL GAME, A FEW MONTHS AGO, THE ABOVE OFFENDER HAD AN "ULTRA SOUND" WHICH CONFIRM THE ABOVE INJURY DR. D SAID THE ABOVE OFFENDER WOULD BE GOING TO SEE AN OUTSIDE DOCTOR, BECAUSE OF THIS INJURY, PAIN, THIS OFFENDER IS SUFFERING FROM, THIS INJURY IS AFFECTING THE OFFENDER DAY 2 DAY ACTIVITIES, SUCH AS BRUSHING HIS TEETH, WASHING HIS BODY, WASHING HIS CLOTHES, GROOMING -

**Relief Requested:** GET ME TO THE OUTSIDE HOSPITAL A.S.A.P. BECAUSE MY SITUATION IS GETTING WORSE AND WORSE TO THE POINT MY ARM IS STARTING TO GIVE OUT ON ME? PAINFUL

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: Wendell Weaver ID#: R47387 Date: 07.05.2018

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: 7.15.18	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277
Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or HCU. You will receive a final response when the HCU responds.	
M. Les Print Counselor's Name	M. Sa Counselor's Signature
Date of Response: 7.17.18	

EMERGENCY REVIEW	
Date Received: 7/11/18	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date: 7.11.18

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

FURTHER, BECAUSE HIS ARM GIVES OUT, AND DROPS OUT  
 AND EVERYTIME HE BEND HIS ARM IT "HURTS" EVEN  
 WRITING THIS GRIEVANCE ~~WAS~~ "HURTS LIKE HELL" I'M  
 CONCERN WITH THIS "DELAY" IN SENDING ME TO THE  
 HOSPITAL MAY LEAD TO PERMANENTLY DAMAGING MY  
 ARM / MUSCLE, ETC. AND I HAVE TO DEAL WITH THIS  
 FOR THE REST OF MY LIFE... DR. D TOLD ME I WAS  
 SCHEDULED TO GO OUT / FOR APPROVE, MY QUESTION IS  
 WHEN? BEFORE IT'S TOO LATE, AND MY ARM BECOME USE-  
 -LESS! PLEASE FIND OUT WAS GOING ON WITH THIS SITUATION.

THANK YOU IN ADVANCE

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B624

Date: 07-06-2018	Offender: (Please Print) LUENDELL WEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input checked="" type="checkbox"/> Other (specify): DENIAL

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: JUL 17 2018

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: **STATEVILLE C.C. GRIEVANCE REVIEW BOARD** by: **5000**

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Chief Administrative Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON TODAY'S DATE THE ABOVE OFFENDER WAS GIVEN AN APPOINTMENT TO SEE PHYSICAL THERAPIST "HOSEA" FROM A REFERRAL FROM DR. WILLIAMS BACK IN FEBRUARY 2018 (5) MONTHS AGO FOR MY INJURED RIGHT ARM / BICEP, ETC. FROM THE JANUARY 2018 BASKETBALL GAME. (SEE 7-05-2018 GRIEVANCE.) DR. WILLIAMS REFERRED THIS TREATMENT BEFORE MY "ULTRASOUND" WAS TAKEN BACK IN MAY (OR JUNE) (I SAW DR. D AFTER HE REVIEWED THE ULTRASOUND, and Relief Requested: GET ANOTHER PHYSICAL THERAPIST TO HELP AND ASSIST "HOSEA" - BECAUSE (5) MONTHS DELAY CAN BE FATAL / CRITICAL BECAUSE OF HIS BACK LOG - GET ME OUT TO THE DR. BECAUSE HIS REPT

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wendell L. Weaver \_\_\_\_\_ R47387 07.06.18  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (If applicable)</b>		
Date Received: 7, 31, 18	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: A copy of your grievance has been forwarded to the HCU for review and response and the original has been forwarded to the Grievance Office. Do not send your copy to the HCU or the Grievance Officer. You will receive a final response when the HCU responds.		
Mles Print Counselor's Name	Mles Counselor's Signature	7, 31, 18 Date of Response

<b>EMERGENCY REVIEW</b>	
Date Received: 7 124 18	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Walter Rich Chief Administrative Officer's Signature	7 124 18 Date



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

Recommended I SEE AN OUTSIDE DOCTOR, like  
 their ASSESSMENT(S). SO THE REFERRAL DR.  
 WILLIAMS SUGGESTED to FERRARIER, SINCE  
 SHE DIDN'T SEE THE ULTRASOUND SO SHE COULDN'T  
 POSSIBLY KNOW THE SEVERITY OF THIS INJURY, SO  
 I DON'T WANT TO INJURE MY ARM WORSE THAN  
 IT IS ALREADY, IT'S LIKE PUTTING THE ~~THE~~ CART  
 BEFORE THE HORSE'S, THIS INJURY MAY NEED  
 SURGERY, SO WHY WOULD SHE SUGGEST PHYSICAL  
 THERAPY BEFORE, SEEING WHAT THE OUTSIDE DR./OR  
 HOSPITAL WOULD SUGGEST. PHYSICAL THERAPIST "MOSCA"  
 SAID HE'S BACK UP WITH OVER 80 GUYS AND THAT'S  
 WHY IT TOOK HIM SO LONG TO CALL ME OVER  
 (5) MONTHS IS TOO LONG TO BE WAITING FOR PHYSI-  
 -CAL THERAPY. WE NEED MORE PHYSICAL THERAPISTS  
 THESE DRUGS CAN REALLY HURT ONE CHANCE OF  
 GETTING THEIR MOBILITY BACK, AND IMPROVING  
 THEIR CHANCES AFTER SURGERY OF GAINING  
 SUCCESS IN PHYSICAL THERAPY. PLEASE LOOK  
 INTO THIS MATTER AS SOON AS POSSIBLE.

- THANKS -

BEFORE REQUESTED; IT'S ALREADY BEEN (6)  
 MONTHS SINCE THIS INJURY AND I AM IN PAIN, and  
 my ARM GLEASIT, and HURT EVERYTIME I BEND IT,  
 PHYSICAL THERAPY (0) THIS STUFF WILL BE SOOO  
 PAINFUL. PLEASE CHECK INTO THIS FOR ME, WHY I  
 HAVEN'T BEEN OUT YET, TO SEE IF PHYSICAL THERAPY  
 IS ALLOWED, BECAUSE DR. D WHO SAW THE ULTRA-  
 -SOUND ~~THAT~~ DIDN'T RECOMMEND THIS COURSE OF  
 TREATMENT, DR. WILLIAMS SUGGESTED BEFORE  
 THE "ULTRA-SOUND" !

## OFFENDER'S GRIEVANCE

Date: <u>DEC 02, 2018</u>		Offender: (Please Print) <u>WENDIE WEAVER</u>	ID# <u>R47387</u>
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA STATEVILLE C.C.
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issue occurred: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER HAS BEEN SCHEDULE TO SEE THE MEDICAL DIRECTOR ON FOUR DIFFERENT OCCASSIONS SINCE I CAME BACK FROM MY U.I.C. MEDICAL WRIT FROM THE OUTSIDE HOSPITAL, BUT TO NO AVAIL. I'M ALWAYS GETTING RESCHEDULE. U.I.C. DOCTOR'S PRESCRIBE NEW MEDICATIONS AND RECOMMENDATIONS, EVEN AN SURGERY ON MY LEFT PINKY FINGER FOR THE PAIN & LIMITED MOBILITY BUT TO NO AVAIL, UIC EVEN GAVE ME THE SOLUTION AND

Relief Requested: SEND ME BACK OUT FOR MY SURGERY ON MY FINGER, FOLLOW U.I.C. DOCTORS ORDERS AND RECOMMENDATION(S) KEEP / AND SEND A JOURNAL OF MY BLOOD PRESSURE 2 U.I.C.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wendie Weaver ID# R47387 Date 12, 02, 18

(Continue on reverse side if necessary)

Date Received: <u>1, 11, 19</u>		Counselor's Response (if applicable)
<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277		
Response: <u>A copy of your grievance has been forwarded to the HCU by the Grievance Office for review and response by the Medical staff. You will receive a final response when the HCU responds to same.</u>		
<u>C. Franklin</u> Print Counselor's Name		<u>C. Franklin</u> Counselor's Signature
		Date of Response: <u>1, 18, 19</u>

Date Received: <u>12, 19, 18</u>		<b>EMERGENCY REVIEW</b> RECEIVED JAN 11 2019 GRIEVANCE DEPARTMENT	
<u>Walter</u> Chief Administrative Officer's Signature		<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
		RECEIVED STATEVILLE C.C. DEC 24 2018 <u>12, 19, 18</u> Date	



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

INSTRUCTIONS THE NIGHT BEFORE THE SURGERY  
BUT I STILL HAVEN'T BEEN BACK OUT I AM IN  
PAIN - PLUS U.I.C. WANTED ME TO BE TREATED  
FOR MY "SLEEP APNEA" WHICH IS AFFECTING MY  
"HEART CONDITION" BUT TO NO AVAIL! THEY U.I.C.  
EVEN SAID THIS CONDITION CAN EFFECT MY BLOOD  
PRESSURE, THAT'S WHY IT'S SO HIGH, FINALLY I  
HAVE BEEN TO U.I.C. CARDIOLOGIST 4 TIMES  
AND EACH TIME THEY WANTED TO SEE MY DAILY  
BLOOD PRESSURE CHECKS - JOURNALS - BUT TO NO  
AVAIL, PLEASE FOLLOW U.I.C. ORDER (S) I ALSO  
RAN OUT OF MY BLOOD PRESSURE MATHS (NORMS)  
THEY STILL HAVEN'T REQUESTED THEM THANKS  
"2 WEEKS AGO" PLUS I WAS  
SCHEDULED TO GO OUT FOR MY TORN  
DISC IN RIGHT ARM BUT WENT TO  
U.I.C. FOR IT, BUT THEY SENT  
ME, FOR MY FINGER INSTEAD, SO  
I STILL DON'T SEE NO ONE FOR  
MY TORN BICEP, I PLUS MY KNEE AND SHOULDER  
BOTH ARE STILL IN OACUUSATING PAIN - AFTER GETTING THE  
STEROID OR WHATEVER THE NAME OF THE SHOT THEY GAVE ME  
IN MY SHOULDER(S) @ U.I.C. A WHILE BACK, I BEEN HAVING  
HEADACHE(S) AGAIN I THINK THIS HAS SOMETHING TO DO WITH  
MY PAIN (AND HIGH PRESSURES), PLEASE CALL ME.

(THANKS AGAIN)



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

13624

Date: <u>DEC 12, 2018</u>	Offender: <u>WENDELL WEAVER</u> (Please Print)	ID#: <u>R47387</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify):

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

RECEIVED  
STATEVILLE C.C.  
DEC 17 2018  
7446

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON TODAYS DATE THE ABOVE OFFENDER WAS SEEN  
AT SICK CALL ABOUT THE PAIN IN MY LEFT PINKY  
FINGER - AND WAS INFORMED THE RECOMMENDED  
3RD SURGERY BY U.I.C. WAS DENIED BY "COLLEGE"  
THE MEDICAL PERSONEL AT STATEVILLE FOR UNKNOWN  
REASONS. I BEEN COMPLAINING ABOUT THIS PAIN,  
LACK MOBILITY AND MOVEMENT SINCE MY LAST SURGERY  
BACK IN 2014 ALSO THE DOCTORS AT U.I.C. TOLD  
ME THIS SURGERY WOULD BENEFIT ME, CO JEFFERSON

**Relief Requested:** SEND ME BACK TO U.I.C. FOR THIS 3RD  
SURGERY, TO END THIS PAIN AND GET MY MOBILITY  
BACK AND MOVEMENT. ....

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wendell Weaver R47387 12, 12, 18  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>	
Date Received: <u>1, 11, 19</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>A copy of your grievance has been forwarded to the HCU by the Grievance</u> <u>Office for review and response by the Medical staff. You will receive a final</u> <u>response when the HCU responds to same.</u>	
<u>C. Franklin</u> Print Counselor's Name	<u>C. Franklin</u> Counselor's Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">RECEIVED</div>

<b>EMERGENCY REVIEW</b>	
Date Received: <u>12, 19, 18</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Walter</u> Chief Administrative Officer's Signature	<u>12, 19, 18</u> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">RECEIVED</div>

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

AND QUARLES WAS ALSO IN THE ROOM WITH ME WHEN THE DOCTORS TOLD ME THIS AND SENT THE RECOMMENDATION(S) BACK TO STATEVILLE, BUT TO NO AVAIL! NOW I'M STILL IN PAIN, AND LACK OF MOBILITY, AND I GUESS THE MEDICAL PERSONNEL DOESN'T CARE! PLEASE DO SOMETHING ABOUT THIS PLEASE, I HAVE TOLD MY COUNSELOR MR. SHORMAN ABOUT THIS AND MY PAIN AND — THANKS — STILL NOTHING HAPPEN, I DON'T KNOW WHAT ELSE TO DO?

STATEVILLE C.C.		ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE		Housing Unit: <u>      </u> Bed #: <u>BOTTOM</u>																
Date: <u>DEC 01, 2020</u>		Offender: <u>WENDELL WEAVER</u>		ID#: <u>R47387</u>																
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>																		
<p><b>NATURE OF GRIEVANCE:</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Personal Property</td> <td><input type="checkbox"/> Mail Handling</td> <td><input type="checkbox"/> Restoration of Good Time</td> <td><input type="checkbox"/> ADA Disability Accommodation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Staff Conduct</td> <td><input type="checkbox"/> Dietary</td> <td><input checked="" type="checkbox"/> Medical Treatment</td> <td><input type="checkbox"/> HIPAA</td> </tr> <tr> <td><input type="checkbox"/> Transfer Denial by Facility</td> <td colspan="3"><input type="checkbox"/> Other (specify): _____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Disciplinary Report: _____</td> </tr> </table> <p style="text-align: right;">STATEVILLE C.C. GRIEVANCE DEPARTMENT BY: _____</p>					<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation	<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): _____			<input type="checkbox"/> Disciplinary Report: _____			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation																	
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA																	
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): _____																			
<input type="checkbox"/> Disciplinary Report: _____																				
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:          Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.          Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.          Chief Administrative Officer, only if EMERGENCY grievance.          Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.</p>																				
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p><u>ON THE ABOVE DATE, THE ABOVE OFFENDER WAS SEEN BY A "FEMALE" DOCTOR TODAY AFTER BEING RESCHEDULED ABOUT 6 TIMES. I TOLD HER ABOUT THE "CRUCRATING" PAIN I BEEN IN FOR THE PAST YEAR OR SO. AND THAT THE THERAPIST - 3'S THEY BEEN GIVING ME WAS SOMETHING TO MAKE ME SICK AND WAS "INEFFECTIVE" TOWARD MY PAIN. I TOLD HER ABOUT MY "CRACKED" KNEE PAIN AND THAT I BELIEVE MY PROBLEM IS A "TORN ACL / OR TENDON" DUE TO THE POP / SNAP SOUND IT MADE DURING A BASKETBALL GAME A FEW YEARS AGO.</u></p>																				
<p>Relief Requested: <u>GIVE ME PAIN MEDICATION / OR SOMETHING "EQUVALENT" FOR MY PAINY FINGER PAIN, KNEE, SHOULDER / ELBOW PAIN SEND ME OUT FOR MY M.R.I. ON MY KNEE, SHOULDER &amp; ELBOW &amp; MY 3RD SURGERY!</u></p> <p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.  <input type="checkbox"/> Check if this is NOT an emergency grievance.</p>																				
<u>Wendell Weaver</u> Offender's Signature		<u>R47387</u> ID#	<u>10, 01, 2020</u> Date																	
(Continue on reverse side if necessary)		RECEIVED STATEVILLE C.C. DEC 9 2020 GRIEVANCE DEPARTMENT																		
<b>Counselor's Response (If applicable)</b>																				
Date Received: <u>11, 11, 2020</u>		<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility - Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277																		
Response: _____ _____ _____ _____																				
Print Counselor's Name		Counselor's Signature																		
<b>EMERGENCY REVIEW</b>																				
Date Received: <u>11, 11, 2020</u>		JUN 01 2021 ADMINISTRATIVE REVIEW BOARD																		
<u>David Gomez</u> Chief Administrative Officer's Signature		<u>11, 14, 2020</u> Date																		
Distribution: Master File; Offender																				



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

EARLIER, "SHE TOLD ME SHE CAN'T MAKE MY LIFE A PAIN FREE" AND EITHER I TAKE THE TYLENOL 3'S OR GET REGULAR TYLENOL'S, ETC. I TOLD HER THE OTHER PAIN MEDICINE I WAS GETTING WAS MORE HELPFUL? OR "BENEFICIAL" (THE TRAMADOLS) BUT SHE SAID IT CAN'T GET THEM (NO MORE) AND OFFER SOMETHING WEAKER THAN I WAS ALREADY ON (SOME REGULAR TYLENOL'S) VERSUS (TYLENOL 3'S); AND LEFT IT AT (TAKE IT OR LEAVE IT) I ALSO TOLD HER ABOUT MY "NAIL" (FUNGUS) ON MY TOE NAILS SPREADING TO MY FINGER NAILS, AND SHE KNEW THAT OFF AS UNIMPORTANT (MY NAILS ARE MURDERING WOULD DO THIS IN - FRICTION) I HAD THIS FOR ABOUT 7-8 YEARS NOW, WITH LITTLE TO NO MEDICINE AT ALL, SO IT'S GETTING WORSE! I BROUGHT UP MY 3RD SURGERY - ON MY PINKY FINGER - THAT WAS DENIED BY COLLEGE (AND STATEVILLE) SHE SAID SHE DIDN'T WANT TO HEAR IT, AND IT'S UNIMPORTANT! SAME WITH MY M.R. I ON MY RIGHT SHOULDER AND ELBOW, AND MY KNEE<sup>(RT)</sup>, THAT I BEEN COMPLAINING ABOUT - SHE SAID THERE'S "NOTHING" SHE CAN DO FOR ME RIGHT NOW? I TOLD HER I WAS IN "EXCRUCIATING PAIN 10-20 TIMES A DAY SHE SAID, IT'S "NOTHING" SHE COULD DO FOR ME AND THEN TOLD ME TO LEAVE, WITHOUT TELLING WAS SHE GOING TO CONTINUE TO GIVE ME (NEW MEDICATION) FOR MY PAIN (OR DO ANYTHING FOR MY NAIL FUNGUS, OR MY ELBOW AND SHOULDER, AND KNEE, SO I'M JUST IN LIMBO AND PAIN WONDERING WHAT'S GOING TO HAPPEN? CAN SOMEONE DO SOMETHING ABOUT THIS PLEASE - I'M HURTING RIGHT NOW)!

I ALSO TOLD HER ABOUT THE "MRI" I WENT FOR ON MY ARM AND SHOULDER, BUT DR. HENZIE (THE MEDICAL DIRECTOR) WAS GOING TO PUT ME IN FOR SEDATION AND SEND ME BACK, BUT TO NO AVAIL BECAUSE I HAVE (CLASTOPHOBIA) AND I COULDN'T STAY IN THERE! (THE MACHINE)! THAT WAS ALMOST (2) YEARS AGO, OR CLOSE TO IT? SAME W/ MY 3RD SURGERY ON MY PINKY FINGER TO REMOVE THE BUMP UP ON THE BONE

RECEIVED

JUN 01 2021

ADMINISTRATIVE  
REVIEW BOARD

I HAVE TALKED "PERSONALLY" TO ASST. WARDEN WILLIAMS, WARDEN "GOMEZ" AND HIS ASST. MS. HUNTER/TARR, BUT TO NO-AVAIL. I TALKED TO ALL OF THEM ABOUT THE PAIN I'M IN, "THE LACK OF MEDICAL TREATMENT THE RESCHEDULING OVER AND OVER AGAIN - THE "EXCRUCIATING PAIN - MY PINKY FINGER, MY RIGHT KNEE (I CAN'T STAND ON) MY SHOULDER (RIGHT AND LEFT ELBOW AND DEFORMITY OF MY RIGHT BICEP)? I SHOWED THEM MY "INJURY" MY (SWOLE KNEE) MY DEFORMED RIGHT MUSCLE MY THICK DISCOLORED TOENAILS, TOO SWOL AND PAIN TOO MUCH I'M NOW JOCKING OR PUTTING GAMES W/ THE MEDICAL STAFF HERE! I TALKED TO SEVERAL NURSES MEN AND WOMEN, ONE NURSE (TINA) TOLD ME TO WRITE A GRIEVANCE BECAUSE THE MEDICAL SUPERVISORS ARE BOGOTSY/AND WRONG HOW THEY ARE TREATING US! I'M COMPLAINTING TO EVERY NURSE, COUNSELOR, AND STAFF MEMBER AND IT'S CONSTANTLY FALLING ON DEAF EARS! I EVEN TALKED TO E-HOUSE COUNSELOR (SCOTT) AND HE SAID HE CAN'T DO NOTHING ABOUT IT (YESTERDAY (SEPT 30, 2020) - THE PLACEMENT OFFICER (MS. MARKS) MOVE ME TO E-HOUSE (THE WORSTEST CELL HOUSE IN STATEVILLE) BECAUSE I ASK TO MOVE TO TO PEOPLE ASK HER TO MOVE ME DOWN STAIRS IN (C-HOUSE) A BETTER HOUSE THAN (E-HOUSE) WHEN SHE HAD CELLS OPEN DOWN STAIRS IN (C-HOUSE) E-HOUSE <sup>BUT SHE MOVED ME TOO</sup> IS FULL OF MOLD AND ROACHES) SHE DONT TALK OUT OF "SPITE", THAT I'M TRYING TO GET "MEDICAL TREATMENT"? THE CELL I'M IN IN E-123 IS FULL OF MOLD I EVEN TALKED TO SEVERAL LT. AND SGT. FOR BLEACH AND CLEANING MATERIAL. LT. MILSAP GAVE ME BLEACH, AND <sup>SEEN</sup> ~~SMELL~~ THE MOLD HIS SELF, LT. NORMAN ALSO SEEN THE MOLD, I ALSO SHOWED THIS ONE NURSE (FEMALE) I'LL GET HER NAME LATER AND SHOWED AND TOLD HER ABOUT THE MOLD BUT TO NO-AVAIL. - PLACEMENT OFFICER MARKS, JEOPARDIZING MY HEALTH W/ MOVING ME IN THIS NASCJ HOUSE - E-HOUSE - AND IN THIS MOLEDED, ROACH INFESTED CELL - ALL BECAUSE I WAS TRYING TO GET MY PROPER MEDICAL TREATMENT, I TOLD WARDEN GOMEZ WROTE GRIEVANCE(S) AND NOTHING HAPPEN, IT JUST

Page 2  
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DOC 0048 (1/2018)

... (NAME) (NURSE NAME) Sincerely,



STATEVILLE C.C. OCT 06 2020 2821		ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE		Hearing Unit: <u>Bottom</u>
File: <u>9-25-2020</u>		Offender: <u>WENDEU WEATHER</u>		ID# <u>R47387</u>
GRIEVANCE DEPARTMENT		Facility where grievance occurred: <u>STATEVILLE C.C.</u>		
BY: <u>STATEVILLE C.C.</u>				

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): _____		

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

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STATEVILLE C.C.  
JAN 15 2021  
GRIEVANCE DEPARTMENT  
BY: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information of each person involved):

THE ABOVE OFFENDER WAS ISSUED THRU "THE MAIL"  
BECAUSE STATEVILLE MEDICAL UNIT KEEP RESCHEDUL-  
-LING MY APPOINTMENT TO SEE THE DOCTOR, "A LOW  
BUNK / LOW GAUARY" PERMIT, TO BE MOVED TO  
A LOWER GAUARY BUT TO THE BULLET IN MY KNEE /  
AND ARM MOVING / AND GIVING ME UNBEARABLE PAIN  
AND THE MEDICINE THEY GIVING ME IS NOT HELP  
-ING AT ALL. SO I TALKED TO SGT. CLARK AND  
LT. WARRIS AND THEY PUT "BLUE" ME OFF ABOUT  
GET IN TO SEE A DOCTOR A.S.A.P. GET  
ME SOME STRONGER PAIN MEDS, BUT MOST IMPORTANTLY  
PUT ME BACK IN "C-HOUSE" WHERE I BEEN FOR THE LAST YEAR

Relief Requested: GET IN TO SEE A DOCTOR A.S.A.P. GET  
ME SOME STRONGER PAIN MEDS, BUT MOST IMPORTANTLY  
PUT ME BACK IN "C-HOUSE" WHERE I BEEN FOR THE LAST YEAR

✓ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.  
☐ Check if this is NOT an emergency grievance.

Wendell Weather R47387 9/25/2020  
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

State received: \_\_\_\_\_ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: \_\_\_\_\_

Print Counselor's Name: \_\_\_\_\_ Counselor's Signature: \_\_\_\_\_ Date of Response: \_\_\_\_\_

EMERGENCY REVIEW

Date received: 11/14/2020 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance  
☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Daniel Homey 11/14/2020  
 Chief Administrative Officer's Signature Date

Distribution: Master File; Offender

Page 1  
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DOC 0046 (1/2018)



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

MOVING ME DOWN STAIRS AND RESPECTING my PERMIT(S) SO THE NEXT DAY I SPENT TOO TIME ACTING SGT ON C-HOUSE ON SEPT 24, 2020, AND TOLD HIM ABOUT my PERMITS, HE CAN PLACEMENT MRS. MARKS ABOUT SOME "LAW SUIT(S)" I SUPPOSEDLY SAID TOO HIM, AND MRS. MARKS TOLD HIM SHE GOT SOMETHING FOR ME, AND TOLD HIM TO TELL ME SHE GOT SOMETHING FOR ME AND TO PACK UP SHE MOVING ME TOO "E-HOUSE." CELL 123, WHEN C-HOUSE HAD OPEN CELLS ON 4 GALLERY AND 2 GALLERY! SHE MOVED ME TOO A "HIGH AGGRESSIVE HOUSE," WHEN my AGGRESSIVE LEVEL IS SUPER LOW! WHAT OTHER REASON WOULD SHE DO THIS, BUT AS PUNISHMENT? THIS E-HOUSE CELL IS NASTY AND HAVE "BLACK MOLE" ON THE BACK WALL, THE WATER PUMP WORK, AND RATCHET AND ANT CO INSECTS IS ALL OVER THE PLACE! ALL BECAUSE I WANTED TOO MOVE ON A LOWER GALLERY DUE TO my MEDICAL PERMITS? THIS IS "UNFAIR" AND A VIOLATION OF my CONSTITUTIONAL RIGHTS - RETALIATION - FOR ME WANTING STATE-TO-STATE SECURITY TOO FOLLOW THE MEDICAL DOCTOR'S ORDER! TOO HELP ALLEVIATE SOME OF THIS PAIN I'M EXPERIENCING, I SOMEONE NEEDS TOO STOP THIS UNETHICAL BEHAVIOR AROUND HERE AND START HOLDING THESE PEOPLE AS ACCOUNTABLE....

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

BL024

Grievance Officer's Report	
<p>Date Received: 11/28/17</p> <p>Committed Person: Wendell Weaver</p> <p>Nature of Grievance: Medical Treatment</p>	<p>Date of Review: 1/25/18</p> <p>Grievance # 324</p> <p>ID #: R47387</p>
<p><b>Facts Reviewed:</b> Grievant claims on a grievance dated 10/17/17 that he was seen by Dr. Obasi on 10/17/17. Offender claims that he told Dr. Obasi the muscle rub, knee cloth stabilizer and back support were not helping his pain. Offender also claims that his knees and shoulders are 'popping.' Offender claims that he was prescribed Tylenol for pain in his finger on which he had surgery. Offender also claims that he is experiencing pain in his lower back, left elbow, high blood pressure and needs to see a bone specialist.</p>	
<p>Grievance Officer finds according to Health Care Unit staff "After reviewing offender's medical record. He has been seen regarding his issues several times. He was seen by Dr. Obasi on 12/13/17 blood work (came back within normal limits) ordered and medication change. Follow up in 2 weeks. He was seen by Dr. Sood 12/27/17 no change in medication, referred to UIC. He does have an approved appointment to UIC Ortho.</p>	
<p><i>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</i></p>	
<p><b>Recommendation:</b> Denied as grievant appears to be receiving medical care at this time.</p>	
<p>David Mansfield, CCII</p> <p><small>Print Grievance Officer's Name</small></p> <p><small>(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</small></p>	<p><i>David Mansfield, CCII</i></p> <p><small>Grievance Officer's Signature</small></p>
Chief Administrative Officer's Response	
<p>Date Received: 1/26/18</p> <p>Comments:</p>	<p><input checked="" type="checkbox"/> I concur      <input type="checkbox"/> I do not concur      <input type="checkbox"/> Remand</p>
<p><i>Randy Adams</i></p> <p><small>Chief Administrative Officer's Signature</small></p>	<p>1/26/18</p> <p><small>Date</small></p>
Committed Person's Appeal To The Director	
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62719-8277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>	
<p><i>Wendell Weaver</i></p> <p><small>Committed Person's Signature</small></p>	<p>R47387      2/14/18</p> <p><small>ID#      Date</small></p>

ILLINOIS DEPARTMENT OF CORRECTIONS  
**RESPONSE TO COMMITTED PERSON'S GRIEVANCE**

B624

Grievance Officer's Report		
Date Received: 4/30/18	Date of Review: 1/11/19	Grievance # 2864
Committed Person: Wendell Weaver		ID #: R47387
Nature of Grievance: Medical Treatment		
<p>Facts Reviewed: Grievant claims on a grievance written 3/9/18 that he wants proper care for an injury to his arms from playing basketball.</p> <p>Grievance Officer finds that per Medical Staff, "After reviewing the offender's medical record Offender Wendell seen in HCU 3/15/18 new order for ultrasound of right bicep, blood pressure daily x5 days, and EKG. Offender informed to call med tech with any issues. 5/2/18 ultrasound done. 6/5/18 seen Dr. Okazie referred to UIC orthopedic for right bicep with blood pressure daily x 2 weeks. Physical Therapy pending. Offender follows UIC cardio. If offender has any more issues he should follow the proper sick call procedures including the copay."</p> <p><i>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</i></p>		
<p>Recommendation: <b>Grievance is MOOT as grievant appears to be receiving medical care at this time.</b></p>		
<p>_____            Anna McBee, CCII  <small>Print Grievance Officer's Name            (Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</small></p>		<p>_____  <small>Grievance Officer's Signature</small></p>

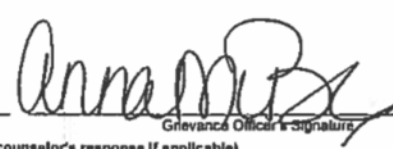

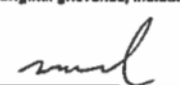
Chief Administrative Officer's Response	
Date Received: <u>1-28-19</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
<p>Comments:</p>	
<p>_____  <small>Chief Administrative Officer's Signature</small></p>	<p><u>1-28-19</u>  <small>Date</small></p>

Committed Person's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>		
<p>_____  <small>Committed Person's Signature</small></p>	<p><u>R47387</u>  <small>ID#</small></p>	<p><u>1-20-19</u>  <small>Date</small></p>






ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

B624

Grievance Officer's Report		
Date Received: <u>12/17/2018</u>	Date of Review: <u>04/09/2019</u>	Grievance # (optional): <u>7446</u>
Offender: <u>Wendell Weaver</u>		ID#: <u>R47387</u>
Nature of Grievance: <u>Medical Treatment</u>		
<p>Facts Reviewed:</p> <p>Facts Reviewed: Grievant claims on a grievance written 12/12/18 that he wants to return to UIC for the pain in his finger.</p> <p>Per Medical Staff, "Inmate was seen at UIC for ORIF right 5th finger. Inmate received blood pressure pills (Norvasc &amp; Coreg on 3/7/18, HCTZ on 3/13 and Minoxidil on 3/18). Collegial approval for cardio follow up, MRI of C Spine and neurosurgery. The inmate's medical issues are being addressed. Inmate's CPAP machine was denied. Inmate had an MRI of right elbow and PT was recommended."</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</p>		
<p>Recommendation:</p> <p>Grievance is MOOT.</p>		
Anna McBee <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		 <small>Grievance Officer's Signature</small>
Chief Administrative Officer's Response		
Date Received: <u>4-12-19</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Action Taken:		
 <small>Chief Administrative Officer's Signature</small>		<u>4-12-19</u> <small>Date</small>
Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
 <small>Offender's Signature</small>	<u>R47387</u> <small>ID#</small>	<u>5-4-19</u> <small>Date</small>

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

C655 B624

Grievance Officer's Report		
Date Received: <u>01/11/2019</u>	Date of Review: <u>08/17/2020</u>	Grievance # (optional): <u>7443</u>
Offender: <u>Wendell Weaver</u>	ID#: <u>R47387</u>	
Nature of Grievance: <u>Medical Treatment</u>		
<p><b>Facts Reviewed:</b></p> <p>Facts Reviewed: Grievant claims on a grievance written 12/2/18 that he has not seen the doctor since he came back from UIC Medical Writ. He wants to be seen, sent back out for his surgery on his finger, and his medical journal sent to UIC.</p> <p>Grievance Officer finds that per D. Williams, Assistant Warden, with information supplied by Medical Staff/Medical Records: "Inmate saw the medical director on 12/21/2018. Orders made. Alternate treatment plan to treat finger onsite on 11/8/18. Inmate prescribed pain medication on 12/20/2018. Prescribed pain medication on 12/20/2018. Pain medication increased on 12/21/18. Referral submitted on 12/21/2018 for CPAP machine. Per note dated 1/25/19 CPAP machine not warranted. Blood pressure monitored in HTN clinic. Went to RNSC on 12/12/2018 for missing medication. Order resubmitted to pharmacy on 12/12/2018 for Norvasc. Approved to go to UIC ortho on 12/26/2018 to have shoulder and knee evaluated. Seen on 2/15/2019 by UIC ortho for RUE torn tendon CT of right shoulder completed on 11/25/19. Inmate ordered PT for right knee and ordered and renewed pain medications. No documentation of seeking medical care for headaches. (con't next page)</p>		
<p><b>Recommendation:</b></p> <p>Grievance is MOOT.</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <p>Anna McBee</p> <p style="font-size: small;">Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including counselor's response if applicable)</p> </div> <div style="width: 35%; text-align: center;">  <p style="font-size: small;">Grievance Officer's Signature</p> </div> </div>		
Chief Administrative Officer's Response		
<p>Date Received: <u>9-3-2020</u> <input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand</p> <p>Action Taken:</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">  <p style="font-size: small;">Chief Administrative Officer's Signature</p> </div> <div style="width: 35%; text-align: center;"> <p><u>9-27-2020</u></p> <p style="font-size: small;">Date</p> </div> </div>		
Offender's Appeal To The Director		
<p style="font-size: x-small;">I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">  <p style="font-size: small;">Offender's Signature</p> </div> <div style="width: 35%; text-align: center;"> <p><u>R47387</u></p> <p style="font-size: small;">ID#</p> </div> <div style="width: 35%; text-align: center;"> <p><u>9-16-2020</u></p> <p style="font-size: small;">Date</p> </div> </div>		

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

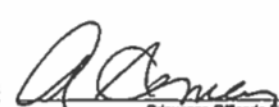
Medical Concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request Slip" to Health Care requesting medical services.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.




C 246


ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 12/09/2020	Date of Review: 04/21/2021	Grievance # (optional): 2829
Offender: Wendell Weaver		ID#: R47387
Nature of Grievance: Medical - Medical Treatment		
<b>Facts Reviewed:</b> Grievant claims on a grievance written on 10/1/2020 that the Tylenol 3 is not helping with his pain. Grievant also states he would like another MRI for his shoulder and treatment for his nail fungus.  Grievance officer finds per Lilybeth Segarro, Director of Nursing: "Inmate is now on Tramadol and Naproxen. Inmate is currently housed in C-house.  For MRI, Inmate wrote that when Dr. Henze explained the procedure, he rejected because "I have claustrophobia and I couldn't stay in there! (the machine)"  No meds for nail fungus"  Medical concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request" slip to Health Care requesting medical services."  This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.		
<b>Recommendation:</b> Grievance is moot.		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           A. Gomez CCII  <small>Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including counselor's response if applicable)</small> </div> <div style="width: 35%; text-align: right;">   <small>Grievance Officer's Signature</small> </div> </div>		

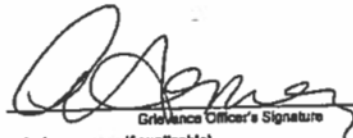

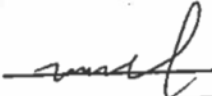
Chief Administrative Officer's Response	
Date Received: 4/30/21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken: <div style="text-align: right; margin-top: 20px;"> <b>RECEIVED</b>              JUN 01 2021              ADMINISTRATIVE              REVIEW BOARD           </div>	
 <small>Chief Administrative Officer's Signature</small>	4/30/21 <small>Date</small>

Offender's Appeal To The Director	
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>	
 <small>Offender's Signature</small>	<div style="display: flex; justify-content: space-between;"> <div>             R47387  <small>ID#</small> </div> <div>             5/21/2021  <small>Date</small> </div> </div>

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

C246

Grievance Officer's Report		
Date Received: <u>01/15/2021</u>	Date of Review: <u>07/10/2021</u>	Grievance # (optional): <u>2821</u>
Offender: <u>Wendell Weaver</u>		ID#: <u>R47387</u>
Nature of Grievance: Medical - Medical Treatment Classification - Cell Placement		
<b>Facts Reviewed:</b> Grievant claims on a grievance written on 9/25/2020 that he was placed in E house by placement out of retaliation and that he would like stronger pain medication. Grievance officer finds per <u>Lilybeth Segarra, Director of Nursing</u> <sup>AG</sup> <u>Lucesita Galindez, HCUA,</u> "Inmate is back in C-house, C246"  He has seen the doctor; will see a doctor in AM.  On strong pain medication Tramadol"  Medical concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request" slip to Health Care requesting medical services."  This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.		
<b>Recommendation:</b> Grievance is mixed. Medical is moot; classification is denied.		
A. Gomez CCII <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		 <small>Grievance Officer's Signature</small>
Chief Administrative Officer's Response		
Date Received: <u>7/27/21</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Action Taken:		
 <small>Chief Administrative Officer's Signature</small>		<u>7/27/21</u> <small>Date</small>
Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
 <small>Offender's Signature</small>		<u>R47387</u> <u>8/3/2021</u> <small>ID#</small> <small>Date</small>

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court. P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Weaver, Wendell

2/28/18  
Date

ID# : R47387

Facility: Stateville

This is in response to your grievance received on 2/22/18. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 10/17/17 Grievance Number: 324 Griev Loc: Stateville

- ☐ Transfer denied by the Facility
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job, cell) \_\_\_\_\_
- ☐ Commissary / Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- ☐ Disciplinary Report: Dated: \_\_\_\_\_ Incident # \_\_\_\_\_
- ☒ Other Medical - treatment for back, knees & shoulder

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☐ Other: \_\_\_\_\_

FOR THE BOARD: Debbie Knauer  
Debbie Knauer  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director 3/1/18

CC: Warden, Stateville Correctional Center  
Weaver, ID# R47387

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.



J.B. Pritzker  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Weaver, Wendell

1/17/19  
Date

ID#: R47387

Facility: Statenville

This is in response to your grievance received on 12/3/18. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 7/6/18 Grievance Number: 4899 + 5008 Griev Loc: Statenville

- ☐ Transfer denied by the Facility
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job, cell) \_\_\_\_\_
- ☐ Commissary / Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- ☐ Disciplinary Report: Dated: \_\_\_\_\_ Incident # \_\_\_\_\_
- ☒ Other Medical - treatment for injured right arm

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☐ Other: Offender seen at UIC Dr Hs 7/20/18.

FOR THE BOARD: Debbie Knauer  
Debbie Knauer  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Statenville Correctional Center  
Weaver ID# R47387

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or Correspondence

B624

Offender: Weaver Wendell R47387  
Last Name First Name MI ID#Facility: Stateville☐ Grievance: Facility Grievance # (if applicable) 2864 Dated: 1/28/19 or ☐ Correspondence: Dated: \_\_\_\_\_Received: 2/22/19 Regarding: Medical - treatment for arm injury  
Date

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court, Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☒ This office previously addressed this issue on 1/17/19 GBV#4899+5008  
Date
- ☐ No justification provided for additional consideration.

Other (specify): \_\_\_\_\_

Completed by: Debbie Knauer

Print Name

Debbie Knauer

Signature

3/4/19

Date

Distribution: Offender  
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 5/2017)



## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or CorrespondenceOffender: Wesley Wendell R47387  
Last Name First Name MI ID#Facility: Stateville☐ Grievance: Facility Grievance # (if applicable) 7446 Dated: 4/12/19 or ☐ Correspondence: Dated: \_\_\_\_\_Received: 5/17/19 Regarding: Medical - treatment for pinky 12/12/18  
Date

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:  
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

## No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_  
Date
- ☐ No justification provided for additional consideration.

Other (specify): \_\_\_\_\_

Completed by: Debbie Knauer Debbie Knauer 5/21/19  
Print Name Signature Date



## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or CorrespondenceOffender: Weaver Wendell R47387  
Last Name First Name MI ID#Facility: Stateville☐ Grievance: Facility Grievance # (if applicable) 7443 Dated: 9/27/2020 or ☐ Correspondence: Dated: \_\_\_\_\_Received: 9/21/2020 Regarding: has not been seen by MD since 11/10 visit; pinky  
Date slip apnea, HBP

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:  
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

## No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_ Date
- ☐ No justification provided for additional consideration.

Other (specify): Offender fails to provide any dates of these issues  
therefore unable to addressCompleted by: Debbie Knauer Debbie Knauer 3/24/21  
Print Name Signature Date

## ILLINOIS DEPARTMENT OF CORRECTIONS

# Administrative Review Board

## Return of Grievance or Correspondence

Offender: WEAVER Last Name WENDELL First Name MI R47387 ID#

Facility: STATEVILLE CC

☒ Grievance: Facility Grievance # (if applicable) 2829 Dated: 10/1/2020 or ☐ Correspondence: Dated: \_\_\_\_\_

Received: 6/1/2021 Date Regarding: STAFF CONDUCT 10/01/2020

The attached grievance or correspondence is being returned for the following reasons:

### Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:  
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

### Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

### No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_ Date
- ☐ No justification provided for additional consideration.

Other (specify): PAST TIME FRAME OFFENDER GRIEVANCE FORM WAS REVISED 1/2020 PLEASE ENSURE YOU ARE USING THE MOST RECENT FORM WHEN FILING GRIEVANCES.

Completed by: WM Jordan Print Name

*WM Jordan* Signature

6/2/2021 Date





# UNIVERSITY OF ILLINOIS

## Hospital & Health Sciences System

— Changing medicine. For good. —

Department of Orthopaedics OCC  
W. Taylor, Room 2A M/C 743  
Chicago, IL 60612-7342  
Phone: 312-996-1300  
312-996-8814

### PRE-OPERATIVE BODY WASH INSTRUCTIONS

#### Night Before Surgery:

1. Shower With Regular Soap And Water As You Normally Would.
2. Turn Water Off And Do Not Dry Off. Pour 1 Cap Full Of **ECOLAB Chlorhexidine Gluconate 4 % Solution**, Provided By APEC Center Or Your Clinic, Onto A Washcloth Or Sponge. Apply To Entire Front And Back Of Your Body From Chin To Toes. Do Not Apply To Face. Do Not Introduce Into Vaginal or Rectum.
3. Without Rinsing, Repeat Step #2. Wait Two Minutes And Rinse Off The Solution
4. Pat Body Dry With A Clean Towel. **DO NOT RUB.**
5. Do Not Apply Deodorant, Lotions, Or Perfumes After The Wash

#### MORNING OF SURGERY:

1. Repeat Steps 1-5. By This Time, You Should Have Washed Yourself Four Times And The Bottle Of **ECOLAB Chlorhexidine Gluconate 4% Solution** Is Empty.

#### ADDITIONAL INSTRUCTIONS:

Do Not Shave Or Apply Hair Removal Cream The Night Before Or the Morning Of Surgery.

Remove All Jewelry And All Body Piercing Before The Shower. Leave All Jewelry Body Piercing Off Until After Surgery.



Seven  
205-223-4757  
yo pops said he on  
lockdown. tell yo mom  
he love her 2 tell  
the princess Happy  
Birthday. I love  
you. I'll call  
when I come  
off

KLINGA 4/13/21  
RABBITSON 4/13/21  
B. BLAND 4/13/21  
F. BLAND 4/13/21



## Preparing for Surgery: Taking Your Medications

1. Some medication may cause bleeding problems during surgery and need to be **Stopped 7-10 days before surgery: aspirin products, NSAIDS** (used for pain and arthritis), **blood thinners**, some **herbal preparations**, and **fish oil**.

### **Aspirin Products**

Alka-Seltzer	Ascripin	Ecotrin
Anacin	Bayer	Empirin
A.S.A.	Bufferin	Excedrin

### **NSAIDS (Non-Steroidal Anti-inflammatory Drugs)**

<u>Generic:</u>	<u>Brand</u>	<u>Generic:</u>	<u>Brand</u>
Celecoxib:	Celebrex	Nabumetone:	Relafen
Diclofenac:	Voltaren, Arthrotec	Naproxen:	Naprosyn, Aleve, Anaprox
Ibuprofen:	Motrin, Advil	Oxaprozin:	Daypro
Indomethacin:	Indocin	Piroxicam:	Feldene
Ketoprofen:	Orudis	Sulfinac:	Clinoril
Ketorolac:	Toradol	Meloxicam:	Mobic

### **Anticoagulants (Blood Thinners)**

**YOU MUST TALK WITH YOUR PRIMARY CARE DOCTORS FOR CLEARANCE BEFORE STOPPING THESE MEDICINES!**

<u>Generic:</u>	<u>Brand</u>	<u>Generic:</u>	<u>Brand</u>
Clopidogrel:	Plavix	Dalteparin:	Fragmin
Dipyridamole:	Persantine, Aggrenox	Rivaroxaban:	Xarelto
Ticlopidine:	Ticlid		
Warfarin:	Coumadin		

### **Others**

<u>Generic:</u>	<u>Brand</u>
Phentermine	Qsymia

### **REMEMBER: THE DAY OF SURGERY**

2. If you are taking medicine for your heart, blood pressure, breathing, seizures, or other conditions, Please continue to take you medicine as prescribed. You may take these medicines with a sip of water on the day of surgery.

**DO NOT TAKE the Day of Surgery:** Pills for diabetes, diuretics (water pill), vitamins, or herbal medicines.

If you have any questions, contact you doctor or nurse.

JUNE 22, 2021

DEAR MS. DIXON, THIS IS WENDELL WEAVER  
# R47387 C-246, I'm HAVING A PROBLEM W/  
THE COURT ABOUT A "DEADLINE" CAN YOU PLEASE  
GET ME A PRINT OUT FOR THE MONTH OF MAY  
2021 FOR ALL MY "LEGAL" MAIL I SENT OUT?  
FOR THAT MONTH; THANK YOU IN ADVANCE.

SINCERELY

WEAVER

#R47387

C-246

You must  
submit a voucher  
w/ this legal card  
request

P.S. I DIDN'T UNDERSTAND WHO  
YOU TOLD ME TO SEND  
THIS TO; CAN YOU SEND  
IT WHERE IT NEEDS TO  
GO FOR ME - thanks

SEPTEMBER 22, 2020

RE: MEDICAL PERMIT/  
"LOW BUNK & LOW GALLERY"

L.T. ANDERSON, my NAME IS WENDELL  
 WEAVER # R47387 C-655, I RECEIVED (2) MEDICAL  
 PERMIT(S) IN THE MAIL A FEW WEEKS AGO, FOR LOW  
BUNK & LOW GALLERY DATED 9-16-2020, I TALKED  
 TO THE "NURSE" LAST NIGHT AND SHE TOLD ME TO TELL/  
 OR TALK TO YOU, THEY DON'T DO NOTHING ELSE BUT  
 ISSUED THE PERMIT(S), SO I WROTE PLACEMENT  
 AND EXPLAIN TO THEM, IT'S A BOTTOM BUNK CELL  
 OPEN IN "241", my REASON FOR GETTING THESE  
 PERMIT(S) IS BECAUSE THE BULLET(S) IN my KNEE  
 AND ARM ARE MOVING/<sup>(my)</sup> OR <sup>IS</sup> BOTHERING ME, I STAY  
 IN "EXCRUCIATING PAIN"; (ESPECIALLY CLIMBING THESE  
 STAIRS) AND GETTING INTO THE "TOP BUNK"! I  
 DON'T KNOW HOW LONG YOU GUYS HAVE TO MOVE  
 ME DOWN STAIRS? BUT "241" IS OPEN RIGHT  
 NOW! SO CAN YOU <sup>"PLEASE"</sup> CALL PLACEMENT AND LET THEM  
 KNOW AND I <sup>"TWT"</sup> "SHOWED" YOU my "NEW" PERMITS  
 TO GET ME "MOVED DOWN" IMMEDIATELY, BEFORE THEY  
 PUT SOMEONE <sup>(ELSE)</sup> IN THERE, THANK YOU IN ADVANCE  
 SIR.....

SINCERELY,  
 WENDELL WEAVER  
 # R47387 C655



0655

# Illinois Department of Corrections

## Low Bunk Permit

COPY

Facility: STA Date: 9/14/20Inmate Name: Weaver, Wendale IDOC#: 2 47 387**Absolute Criteria for Low Bunk Permit:**

- ☐ Seizure Disorder
- ☐ Wheelchair (Permanent/Temporary)
- ☐ Crutches (Permanent/Temporary)
- ☐ Amputee (Lower Extremity/Upper Extremity)
- ☐ Sling

**Physician Discretion Criteria for Low Bunk Permit (Functional Mobility/PT Evaluation Required):**

- ☐ Age  $\geq 65$  with diagnosis of DJD
- ☐ BMI  $\geq 35$
- ☐ Neuromuscular Disease (i.e. MS, CVA)

☒ back, knee, shoulder☐ Blindness (by request)Expiration Date: 3/14/2024

Next Appointment Date:

Ordering MD: M. Hernandez (print) M. Hernandez (signature)Date: 9/14/20Notice given to HCUA by: L. Huerta (print) L. Huerta (signature)Date: 9/14/20Notice given to Placement Office by: N. B. Miller (print) N. B. Miller (signature)Date: 9-16-2020

Distribution: Offender  
 Offender Medical File  
 Placement  
 Offender 360  
 Living Unit Lieutenant  
 Assistant Warden of Operations

Printed on Recycled Paper

SIA 0254 (Effective 3/2018)

## Illinois Department of Corrections Low Gallery Permit

Facility: STP Date: 1/10/21  
Inmate Name: 101 IDOC#: 017001

### Absolute Criteria for Low Gallery Permit:

- ☐ Wheelchair (Permanent/Temporary)  
☐ Crutches (Permanent/Temporary)  
☐ Amputee (Lower Extremity/Upper Extremity)

### Physician Discretion Criteria for Low Gallery Permit (Functional Mobility/PT Evaluation Required):

- Age  $\geq 65$  with diagnosis of DJD  
— Neuromuscular Disease (i.e. MS, CVA)

☐ Blindness (by request)

Expiration Date: 1/10/21

Next Appointment Date:

Ordering MD: \_\_\_\_\_ (print) \_\_\_\_\_ (signature) Date: 1/10/21  
Notice given to HCUA by: \_\_\_\_\_ (print) \_\_\_\_\_ (signature) Date: \_\_\_\_\_  
Notice given to Placement Office by: 11/10/20 (print) [Signature] (signature) Date: 1/10/21

Distribution: Offender  
Offender Medical File  
Placement  
Offender 360  
Living Unit Lieutenant  
Assistant Warden of Operations

Printed on Recycled Paper

5/10/15 (Effective 3/2018)

**State of Illinois - Department of Corrections**

**Counseling Summary**

<b>IDOC #</b>	<b>R47387</b>	<b>Counseling Date</b>	<b>02/20/18 13:17:47:283</b>
<b>Offender Name</b>	<b>WEAVER, WENDELL</b>	<b>Type</b>	<b>Collateral</b>
<b>Current Admit Date</b>	<b>10/11/2005</b>	<b>Method</b>	<b>Other</b>
<b>MSR Date</b>	<b>12/03/2043</b>	<b>Location</b>	<b>STA UNIT B</b>
<b>HSE/GAL/CELL</b>	<b>B -06-24</b>	<b>Staff</b>	<b>UNASSIGNED STAFF</b>

---

RECEIPT OF EMERGENCY GRIEVANCE ON 2/20/18 CONCERNING MEDICAL TREATMENT.  
THIS GRIEVANCE HAS BEEN ASSIGNED GRIEVANCE # 2266.



**State of Illinois - Department of Corrections**

**Counseling Summary**

<b>IDOC #</b>	<b>R47387</b>	<b>Counseling Date</b>	<b>01/25/18 08:46:47:990</b>
<b>Offender Name</b>	<b>WEAVER, WENDELL</b>	<b>Type</b>	<b>Collateral</b>
<b>Current Admit Date</b>	<b>10/11/2005</b>	<b>Method</b>	<b>Other</b>
<b>MSR Date</b>	<b>12/03/2043</b>	<b>Location</b>	<b>STA UNIT B</b>
<b>HSE/GAL/CELL</b>	<b>B -06-24</b>	<b>Staff</b>	<b>UNASSIGNED STAFF</b>

---

RECEIPT OF EMERGENCY GRIEVANCE ON \_1/23/18\_\_ CONCERNING \_BONE SPURS\_\_\_. THIS  
GRIEVANCE HAS BEEN ASSIGNED GRIEVANCE #\_1801\_\_.

J.B. Pritzker  
Governor



Rob Jeffreys  
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Weaver, Wendell

8/12/21  
Date

ID#: R47387

Facility: Stateville

This is in response to your grievance received on 8/6/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 9/25/2020 Grievance Number: 2821 Griev Loc: Stateville

- ☐ Transfer denied by the Facility
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☒ Assignment (job, cell) \_\_\_\_\_
- ☐ Commissary / Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- ☐ Disciplinary Report: Dated: \_\_\_\_\_ Incident # \_\_\_\_\_
- ☒ Other Pain medication

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.32. This office is reasonably satisfied the offense cited in the report was committed.
- ☒ Other: Moot, grievant's pain medication has been changed and he has been moved to C-House.

FOR THE BOARD:

Debbie Knauer  
Debbie Knauer  
Administrative Review Board

CONCURRED:

Rob Jeffreys  
Rob Jeffreys  
Director

CC: Warden, Stateville Correctional Center  
Weaver, ID# R47387

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

R47387	WEAVER	WENDELL	1/12/2021	PARIS-V-SHERIFF OF COOK COUNTY ATTICUS / PO BOX 64053		ST PAUL	MN
R47387	WEAVER	WENDELL	3/13/2021	ATTORNEY COLLIN D RAY	2001 ROSS AVENUE STE 2100	DALLAS	TX
R47387	WEAVER	WENDELL	4/8/2021	ATTORNEY COLLIN D RAY	2001 ROSS AVENUE STE 2100	DALLAS	TX
R47387	WEAVER	WENDELL	5/3/2021	ATTORNEY COLLIN D RAY	2001 ROSS AVENUE STE 2100	DALLAS	TX
R47387	WEAVER	WENDELL	5/12/2021	ATTORNEY COLLIN D RAY	2001 ROSS AVENUE STE 2100	DALLAS	TX
R47387	WEAVER	WENDELL	5/25/2021	ADMINISTRATIVE REVIEW BOARD	PO BOX 19277	SPRINGFIELD	IL
R47387	WEAVER	WENDELL	6/22/2021	JOSEPH L COHEN	321 N CLARK STREET STE 1600	CHICAGO	IL
R47387	WEAVER	WENDELL	6/23/2021	OFFICE OF THE US DISTRICT COURT CLERK	219 S DEARBORN ST	CHICAGO	IL
R47387	WEAVER	WENDELL	6/30/2021	LAW OFFICES OF JEFFERY M LEVING LTD	19 SOUTH LASALLE STREET STE 450	CHICAGO	IL



IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

WENDELL WEAVER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	16-cv-09400
	)	
DR. A. MARTIJA, et. al.,	)	
	)	
Defendants.	)	

The deposition of ALFONSO MEJIA, M.D., called by the Defendant for examination pursuant to notice and pursuant to the Rules of Civil Procedure for the United States District Courts pertaining to the taking of depositions, taken before Patricia S. Mann, CSR, RPR, License No. 084-001853, a notary public in and for the County of Cook and State of Illinois, at Room E-270, 835 South Wolcott Avenue, Chicago, Illinois, on Wednesday, April 3, 2019, at hour of 3:15 p.m.

Reported for  
MAGNA LEGAL SERVICES, by:  
Patricia S. Mann, CSR, RPR.  
License No. 084-001853

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<p>1 APPEARANCES:</p> <p>2 FOX ROTHSCHILD, L.L.P.,</p> <p>3 321 North Clark Street, Suite 800,</p> <p>4 Chicago, Illinois, 60654,</p> <p>5 csanfelippo@foxrothschild.com,</p> <p>6 (312) 541-0151, by:</p> <p>7 MS. CHRISTINA M. SANFELIPPO,</p> <p>8 appeared on behalf of the Plaintiff.</p> <p>9 CASSIDAY SCHADE, L.L.P.,</p> <p>10 222 West Adams Street, Suite 2900,</p> <p>11 Chicago, Illinois, 60606,</p> <p>12 jmaruna@cassiday.com,</p> <p>13 (312) 641-3100, by:</p> <p>14 MR. JAMES F. MARUNA,</p> <p>15 appeared on behalf of the Defendants,</p> <p>16 Dr. Martija and Dr. Obasi,</p> <p>17 OFFICE OF THE ILLINOIS ATTORNEY GENERAL,</p> <p>18 100 West Randolph Street, 13th Floor,</p> <p>19 Chicago, Illinois, 60601,</p> <p>20 nstaley@atg.state.il.us,</p> <p>21 (312) 714-3588, by:</p> <p>22 MR. NICHOLAS S. STALEY,</p> <p>23 appeared on behalf of the Defendants,</p> <p>24 John Baldwin, Nicholas Lamb and Randy Pfister;</p> <p>LAW OFFICES OF EDWARD J. KOZEL,</p> <p>333 South Wabash Avenue, 25th Floor,</p> <p>Chicago, Illinois, 60604,</p> <p>ruwan.perera@cna.com,</p> <p>(312) 822-5612, by:</p> <p>MR. RUWAN C. PERERA,</p> <p>appeared on behalf of the Defendant,</p> <p>Jose Becerra.</p> <p>*****</p>	<p>1 INDEX</p> <p>2 Examination Page</p> <p>3 By Ms. Sanfelippo 4</p> <p>4 By Mr. Maruna 42</p> <p>5 By Mr. Staley 47</p> <p>6 Exhibits Page</p> <p>7 Deposition Exhibit</p> <p>8 No. 1 6</p> <p>9 No. 2 21</p> <p>10 No. 3 32</p> <p>11 No. 4 34</p> <p>12 No. 5 39</p> <p>13 No. 6 39</p> <p>14 *****</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
<p>Page 4</p> <p>1 ALFONSO MEJIA, M.D.,</p> <p>2 having been first duly sworn, was examined and</p> <p>3 testified as follows:</p> <p>4 DIRECT EXAMINATION</p> <p>5 BY MS. SANFELIPPO:</p> <p>6 Q. Good afternoon. Could you please state</p> <p>7 and spell your name for the record?</p> <p>8 A. My name is Alfonso Mejia, my last name is</p> <p>9 M-c-j-i-a.</p> <p>10 Q. Okay. My name is Christina Sanfelippo,</p> <p>11 my firm was appointed by the Court to represent the</p> <p>12 Prisoner Wendell Weaver in this matter.</p> <p>13 Have you been deposed before?</p> <p>14 A. Yes.</p> <p>15 Q. How many times about?</p> <p>16 A. I do treating physician, so it's a few</p> <p>17 times a year.</p> <p>18 Q. Okay. Have you given any trial</p> <p>19 testimony?</p> <p>20 A. Twice.</p> <p>21 Q. Okay. And what were those cases?</p> <p>22 A. One was a lady who broke her ankle and</p> <p>23 sued the City, and one was a gentleman who was</p> <p>24 assaulted and died and I was a witness at his</p>	<p>Page 5</p> <p>1 killer's murder trial.</p> <p>2 Q. Okay. Thank you. So since you've done</p> <p>3 this a few times already, I'll go over the rules</p> <p>4 quickly just to make sure we have a clean record.</p> <p>5 I'm going to ask you a series of questions and if</p> <p>6 you could please allow me to finish my question</p> <p>7 before providing the answer, that will help out the</p> <p>8 Court Reporter a lot.</p> <p>9 Also, please try to provide verbal</p> <p>10 responses and avoid uh-huhs or something similar</p> <p>11 like that so that the Court Reporter can adequately</p> <p>12 transcribe your responses. If I use the wrong term,</p> <p>13 please let me know. I'm a lawyer that doesn't do</p> <p>14 medical-related work, so if I get something wrong,</p> <p>15 I want to make sure the record is clear.</p> <p>16 And also if you at any time need a</p> <p>17 break, please feel free to let us know, I would only</p> <p>18 ask that you finish answering my question before we</p> <p>19 take the break, all right?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. Did you review any documents in</p> <p>22 preparation for today's deposition?</p> <p>23 A. I scanned through the chart that was</p> <p>24 mailed to me, this seems to be the same as the one</p>

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1 that was mailed to me. I found only a few pages of  
 2 my clinic notes, there was a lot of other material  
 3 in here.  
 4 Q. Okay. Then we can get started talking  
 5 about your education, job experience. You handed  
 6 me your c.v., is this your current c.v.?  
 7 A. More or less, yes.  
 8 Q. Okay. This is the only copy that we have,  
 9 so I think I'll just walk through it and we can mark  
 10 it as an exhibit.  
 11 A. Okay.  
 12 Q. Okay. So it says here that you went to  
 13 medical school at the University of Illinois College  
 14 of Medicine in Chicago?  
 15 A. Yes.  
 16 Q. Okay. You graduated in 1990. After  
 17 graduation, where did you work?  
 18 A. You can't really work, you have to finish  
 19 training. So I did my residency in orthopedics at  
 20 the University of Illinois, I subsequently did a  
 21 fellowship in hand surgery at Louisville in the  
 22 Kleinert Institute. I returned to Chicago in 1996.  
 23 I got board certified the first time in '99, I've  
 24 been -- I've recertified twice and I'm now an

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1 that's four hours every Wednesday -- in fact, I'll  
 2 be starting at four, we go 4:00 to 8:00 p.m. --  
 3 and so I oversee that and I lecture in that  
 4 occasionally. And then we also have some journal  
 5 clubs that take place mostly dedicated to hand for  
 6 the ones I participate.  
 7 Q. Okay. Can you explain for me what an  
 8 orthopedic surgeon does?  
 9 A. Just sits around. Well, it's a physician  
 10 that takes care of the musculoskeletal system, so  
 11 we take care of bones, joints, muscles. As a hand  
 12 surgeon, it also tends to include nerves a lot. So  
 13 the reason hand is a subspecialty from orthopedics  
 14 is because hand structures are so tightly contingent  
 15 on each other, that before there was a subspecialty  
 16 of that, oftentimes you needed an orthopedic  
 17 surgeon, a neurosurgeon and a plastic surgeon to  
 18 take care of things.  
 19 So hand surgery subspecializes in  
 20 taking care of all components of the hand; but the  
 21 orthopedic surgeons in general will take care of  
 22 bones, the joints, tendons, et cetera.  
 23 Q. Okay.  
 24 A. We basically stop at the neck, we don't

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1 examiner for the board.  
 2 Q. Okay. Great. So what is your current  
 3 title at UIC?  
 4 A. I am the Vice Head of the Department of  
 5 Orthopedic Surgery, I am the program director for  
 6 the residency. And I'm in charge of education, so  
 7 that includes not only our residents, but we have  
 8 a sports fellow that I oversee and medical students  
 9 that rotate with us.  
 10 Q. And you're also a practicing physician?  
 11 A. Yes.  
 12 Q. Is that included in that title?  
 13 A. So you can't teach medicine without  
 14 practicing.  
 15 Q. Okay.  
 16 A. It's not like other professions,  
 17 everyone who teaches medicine is practicing,  
 18 otherwise it's an experiential experience. So I  
 19 see patients in the clinic, I do surgery, I see  
 20 patients on the floor, I see patients in the  
 21 emergency room.  
 22 Q. Okay. Is there any sort of classroom  
 23 component to your job?  
 24 A. Yes. So we have a core lecture series

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1 do any type of facial fracture or anything like  
 2 that.  
 3 Q. Okay. So did you -- is residency where  
 4 you gained your specialty, is that how you get a  
 5 specialty?  
 6 A. Yes. So when you graduate from medical  
 7 school, regardless of what you're going into, you  
 8 have to do a residency to practice in the United  
 9 States. So if you were going into internal  
 10 medicine, pediatrics, psychiatry, you'll do a  
 11 residency, and when you finish the residency, at  
 12 that point, you're eligible to practice, but then  
 13 you still have to go through a Board process.  
 14 Q. Okay. What sort of training did you  
 15 receive in residency?  
 16 A. Orthopedic surgery.  
 17 Q. How long was the residency?  
 18 A. It's five years, orthopedics is five  
 19 years, almost universally five years. There are  
 20 some programs that are six years that they have a  
 21 year of research, some programs are six years. If  
 22 they have an integrative fellowship, for example,  
 23 Brown, everyone does a trauma fellowship at the end  
 24 of it, so theirs is a little bit longer.



<p style="text-align: right;">Page 10</p> <p>1 Q. Is each year in residency different, do 2 you focus on a different part of your specialty? 3 A. You have to fill rotations. So I've run 4 the residency now, I can tell you how we run it 5 now. If you ask me how mine was run, that's over 6 20 years, I really -- I couldn't give you any 7 specifics. 8 We do rotate through different 9 specialties. For example, the way the residency is 10 run is you have an integrated intern year, they have 11 six months of orthopedics, six months of specialty 12 which is divided into two between surgery and 13 affiliated things -- so, for example, my residents 14 do vascular surgery, trauma surgery, plastic 15 surgery as their surgical components; as their 16 affiliated components, they do emergency room, 17 rehabilitation and musculoskeletal radiology. 18 That's changed over time. When I 19 was a resident, it was mostly a general surgery 20 internship, you know, so I rotated through vascular 21 surgery, surgical oncology, pediatric surgery, 22 things like that. And then the PGY-2 to PGY-5 23 year are rotations. 24 So the residency I run is structured</p>	<p style="text-align: right;">Page 11</p> <p>1 that you tend to repeat rotations from the PGY-2 2 year again in the four or five year so you work on 3 trauma as a junior and a senior, you work on joints 4 as a junior and senior. Some subspecialties, you'll 5 only touch on during the fourth year like sports 6 and pediatrics tends to be smattered throughout, 7 but you're going through rotations both as a junior 8 and senior to get a different experience. We had a 9 similar structure when I was a resident, but, again, 10 that's -- you know, I can't give you specific 11 rotations. 12 Q. Okay. So specific to dislocations, what 13 sort of specialized training did you get in order 14 to be able to treat those during your residency? 15 A. That's integral to orthopedics, fractures 16 and dislocations, we're taking care of that every 17 single day throughout the entire training and for 18 our practice, that is what we're dealing with, is 19 fractures and dislocations. 20 Q. Okay. Prior to your residency in med 21 school, did you have any sort of experience with 22 dislocations? 23 A. Specifically dislocations -- so when you 24 go through med school, the first two years are basic</p>
<p style="text-align: right;">Page 12</p> <p>1 science and then the second two years are clinical, 2 and so the third year tends to be core rotations, 3 general surgery, medicine, pediatrics, psychiatry, 4 OB-gyn, that has changed to some extent over 5 time. 6 And then the fourth year tended to 7 be month-long rotations of subspecialty, so, for 8 example, I did orthopedics early on because I was 9 going to go into orthopedics and you need to have 10 had experience with orthopedics to apply through 11 the whole process. 12 Other things that I did were 13 intensive care unit, neurology, things like that. 14 Like, again, I can't remember specifics. That's 15 changed a little bit in -- so I've been very 16 involved in education, I've been on the Council of 17 Education of the American Academy of Orthopaedic 18 Surgery, I sit on the Curriculum Committee at the 19 University, and so I was implemental -- I redesigned 20 the fourth year for this school. So now we do 21 tracks, sort of akin to concentrations in college. 22 So we have three tracks for medical students now, 23 one track is surgical, one track is nonsurgical, 24 and one is hospital based, so that would be</p>	<p style="text-align: right;">Page 13</p> <p>1 radiology, emergency room, heme, things like that, 2 so -- 3 Q. Okay. Your specific experience. 4 A. I rotated in orthopedics and if I saw a 5 dislocation, I can't remember, but that's -- it's 6 -- dislocations is something we take care of every 7 single day, that's what we do. 8 Q. Okay. I guess I'm trying to understand 9 if prior to your experience and residency in any of 10 those rotations you had experience with 11 dislocations? 12 A. I'm sure I did. 13 Q. Okay. Can you walk me through your 14 typical process for diagnosing a patient? 15 A. With what? 16 Q. When you walk into a room, you don't -- 17 what is the first thing you do with your patient? 18 A. Introduce myself. 19 Q. Okay. What's the second thing you do? 20 A. So it's -- you're going to take a history, 21 you're going to do a physical examination and you're 22 going to order corresponding supporting studies 23 whether that be blood work or imaging. 24 Q. Okay. Is that process different depending</p>

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1 on what the complaint is from the patient?  
 2 A. You're always going to start with a  
 3 history and then you're going to do a physical  
 4 examination to support that and then you're going  
 5 to get supporting data through imaging. The only  
 6 time it would be different -- and I'm not being  
 7 flippant -- is if the patient's unconscious when I  
 8 can't take a history, for example, when I take care  
 9 of trauma patients, then I start with the physical  
 10 and imaging.  
 11 Q. Okay. So how about if you are examining  
 12 a patient that has complained about a dislocation,  
 13 what -- do you then take a physical examination of  
 14 the patient?  
 15 A. Yes.  
 16 Q. Right away?  
 17 A. Yes.  
 18 Q. And then what is your next step after  
 19 physical examination?  
 20 A. If I'm suspecting a dislocation, it would  
 21 be imaging and I would take an X-ray.  
 22 Q. Do you take the X-rays on-site here?  
 23 A. Yes.  
 24 Q. And are you able to read them right away

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1 the skin.  
 2 Q. If you determine that a closed reduction  
 3 is needed without surgery, what is your next step?  
 4 A. It depends on what joint we're talking  
 5 about.  
 6 Q. Okay. If it was a finger.  
 7 A. We would locally anesthetize the finger  
 8 and attempt a reduction.  
 9 Q. And that would be shortly after  
 10 diagnosing?  
 11 A. Yes.  
 12 Q. Okay. And what about for -- you said  
 13 there was a closed reduction with surgery or --  
 14 A. So, for example, let's say it's a shoulder  
 15 dislocation. You know a shoulder dislocation, you  
 16 can't just anesthetize locally, you can you can  
 17 inject a joint with fluid, with lidocaine or  
 18 Marcaine; but oftentimes if it's someone who is  
 19 very muscular, that will be difficult, so you can  
 20 try sedation which would be something we would do  
 21 in the emergency room rather than in the office.  
 22 But if I still can't get in with  
 23 sedation, I need him more relaxed and he'll have to  
 24 undergo general anesthesia so he has no muscle tone

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1 or do you have to wait for the results to come back,  
 2 how does that work?  
 3 A. I see them right away.  
 4 Q. Is there a computer monitor?  
 5 A. It's a PACS System, P-A-C-S. So it's  
 6 X-rays taken, it's immediately sent back to -- as  
 7 soon as the image is available in the system, it's  
 8 available for me to view on a computer that's  
 9 designated for X-rays in our office.  
 10 Q. And then when you see the image and  
 11 you've identified a dislocation, what happens  
 12 next?  
 13 A. It depends on what kind of dislocation  
 14 it is, it depends on the joint, it depends on the  
 15 severity where it's something that we'll attempt a  
 16 closed reduction in the office or it needs a closed  
 17 reduction in the operating room or it will need an  
 18 open reduction.  
 19 Q. What's the difference between a closed  
 20 reduction and open reduction?  
 21 A. An open reduction, you're cutting the  
 22 skin and getting down to the joint and manipulate  
 23 it directly; where in a closed reduction, you're  
 24 manipulating by moving the extremity without cutting

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1 so I can overpower him; because, basically, I have  
 2 to be stronger than him to get it in. And I cheat  
 3 a little bit by just tiring instead of jerking or  
 4 pulling, but still in someone who is very, very  
 5 muscular or depends on how it's been dislocated,  
 6 I may need this person to be anesthetized and  
 7 that would be a closed reduction in the operating  
 8 room.  
 9 Q. Okay. And so then the third option, the  
 10 open reduction, can you walk us through that?  
 11 A. If I still -- if you still can't get it  
 12 in, you'd have to think that either, one, it's just  
 13 not possible to reduce it closed because of how  
 14 tight it is or that there's interposed tissue. For  
 15 example, something that's common in the hand would  
 16 be that some tissue gets interposed where no matter  
 17 how much I pull, there's something stuck in the  
 18 joint that needs to be extracted so I can reduce it  
 19 and that would need to be extracted so I can reduce  
 20 it, and that would need to be done in an open  
 21 fashion.  
 22 Q. Okay. How many times have you performed  
 23 surgery over your career, if you could estimate?  
 24 A. 10,000 times, 12,000 times.



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1 Q. And under what circumstances -- is surgery  
2 typically a last resort for you?

3 A. No.

4 Q. No?

5 A. It depends, again, on the injury. Some  
6 injuries require surgery -- forgive me, the question  
7 is a little bit vague.

8 Q. No, that's totally fair. I guess I'm  
9 trying to figure out if there was an alternative  
10 option to surgery and both options could come to  
11 the same result, would you choose the nonsurgical  
12 option over the surgical option?

13 A. Absolutely, if they're equivalent.

14 Q. Okay.

15 A. Obviously, nonsurgical is always  
16 preferred. But when you say "last resort", some  
17 things by face value, this needs surgery, it's  
18 impossible to treat this closed effectively or the  
19 results closed will be substandard. An example,  
20 a displaced fracture of the forearm, both bones in  
21 the forearm are broken in an adult, has to be  
22 treated with surgery. You can treat it in a cast  
23 if you can manage to line it up, but it would have  
24 to be in a cast so long that they would get

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1 is an inmate have any sort of effect on your  
2 treatment plan?

3 A. Absolutely not.

4 Q. Okay. Do you feel like your treatment  
5 plans for inmates are generally followed?

6 MR. MARUNA: Objection, form, vague.

7 THE WITNESS: What do you mean specifically?

8 MS. SANFELIPPO: Q. So if you recommend a  
9 treatment for an inmate, do you feel more often  
10 than not that the follow-up treatment is done for  
11 the inmate?

12 MR. MARUNA: Same objections.

13 MR. PERERA: Join.

14 THE WITNESS: A. It depends what we're talking  
15 about. For example, I do have a perception,  
16 although I could not quantify it, that it's more  
17 difficult for me to get occupational therapy or  
18 physical therapy for my prisoner patients than for  
19 patients who can go to therapy themselves. That is  
20 my impression, but I couldn't quantify that.

21 MS. SANFELIPPO: Q. Are you familiar with the  
22 inmate Wendell Weaver?

23 A. Just from this chart, I don't have a  
24 strong independent recollection.

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1 stiffness. So that's -- the phrase is it's a  
2 fracture of necessity, I see the X-ray, I know I  
3 have to do surgery.

4 Q. Okay. How many interactions do you have  
5 with IDOC inmates?

6 A. That's -- you know, that's -- I would say  
7 probably between 100 -- 100 and 200 a year, you  
8 know, it's generally a couple a week.

9 Q. And how do you come to see these inmates?

10 A. They come to the clinic.

11 Q. They come to the clinic. Is it -- are  
12 you the person that schedules their appointments?

13 A. No.

14 Q. Do you know who does?

15 A. The scheduling desk.

16 Q. Okay. How does the -- do you have any  
17 knowledge as to how the clinic interacts with the  
18 prisons?

19 A. Not initially. The only time -- so once  
20 a patient is seeing me, I will recommend how  
21 frequently they need to see them -- when I see them  
22 next, but I'm not scheduling for someone coming in  
23 to see me.

24 Q. Okay, okay. Does the fact that someone

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1 Q. Based on your independent recollection,  
2 could you tell us the last time you saw him or  
3 not?

4 A. No, not without looking at the chart.

5 MS. SANFELIPPO: Okay, no problem. So I want  
6 to hand you what I will mark as Exhibit 2.

7 (Deposition Exhibit Number 2 was  
8 marked for identification as  
9 requested.)

10 MS. SANFELIPPO: Q. I'm going to hand you  
11 what's marked as Exhibit 2. Is this -- looking at  
12 page 160 --

13 A. Yes.

14 Q. Okay -- is this a note that you prepared  
15 based on a visit that Wendell Weaver had with you?

16 A. Yes. When you say -- this is, I see --  
17 I see everyone, I examine everyone, I see them with  
18 residents and then the resident dictates the note,  
19 but then I sign the note.

20 This note was written by Chris  
21 Patel, who currently is a PGY-5. He's actually our  
22 education chief resident, he's a very good  
23 resident. But then I go over this note and make  
24 sure it's -- I agree with the body of it, but he



<p style="text-align: right;">Page 22</p> <p>1 dictated it.</p> <p>2 Q. Okay. And -- but you were the attending?</p> <p>3 A. I am the attending.</p> <p>4 Q. Okay. Is this the document that either</p> <p>5 UIC or you on behalf of UIC would ordinarily and</p> <p>6 regularly maintain in the usual course of providing</p> <p>7 medical treatment to a patient?</p> <p>8 A. The medical record stays with the</p> <p>9 University, yes.</p> <p>10 Q. Okay. Is this true for all your</p> <p>11 orthopedic notes?</p> <p>12 A. What?</p> <p>13 Q. That you create a note like this.</p> <p>14 A. Well, I work at the University of</p> <p>15 Illinois, I also have -- work with residents at</p> <p>16 Weiss and I also work at NorthShore University.</p> <p>17 So there is always a note in the electronic record,</p> <p>18 but they're not always the same. For example, This</p> <p>19 system is Cerner, NorthShore uses EPIC, so they're</p> <p>20 not exactly the same.</p> <p>21 Q. So specific to UIC?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. Generally, are these notes</p> <p>24 generally created at or around the time of the visit</p>	<p style="text-align: right;">Page 23</p> <p>1 with the patient?</p> <p>2 A. Usually the same day as the visit.</p> <p>3 Q. And do they generally contain all of the</p> <p>4 observations made during the patient visit?</p> <p>5 A. If that's -- that's difficult to say.</p> <p>6 They contain pertinent data, all the observations</p> <p>7 is -- that would be --</p> <p>8 Q. Very long?</p> <p>9 A. -- like the rise and fall of Rome.</p> <p>10 Q. Okay. So when it says "signed</p> <p>11 information" at the top and your name -- I'm looking</p> <p>12 on 160, "signed information, Mejia, Alfonso"?</p> <p>13 A. Yeah.</p> <p>14 Q. So that's your verification of the</p> <p>15 contents that you agree with --</p> <p>16 A. Yes.</p> <p>17 Q. Okay, perfect. So looking at this, this</p> <p>18 visit was on March 30th of 2017. Do you recall how</p> <p>19 Mr. Weaver came to see you on this date?</p> <p>20 A. No.</p> <p>21 Q. Okay. Would it help if I gave you a</p> <p>22 minute to look over the report?</p> <p>23 A. I don't understand the question how he</p> <p>24 came to see me. Like I said, I don't schedule</p>
<p style="text-align: right;">Page 24</p> <p>1 patients, and so basically he would appear on my</p> <p>2 schedule and I see everyone on the schedule, but</p> <p>3 I don't initiate his coming to the clinic.</p> <p>4 Q. Okay. Can you tell me about the</p> <p>5 examination of Mr. Weaver on March 30th with respect</p> <p>6 to his left pinky finger?</p> <p>7 A. So his left small finger was tender, both</p> <p>8 at the tip and middle of it. The DIP joint is the</p> <p>9 tip -- closest to the tip and the PIP joint is the</p> <p>10 joint in the middle. He had at the DIP about 30</p> <p>11 degrees of motion and the PIP was stuck in flexion</p> <p>12 about 20 degrees, but had almost no motion. His</p> <p>13 sensation was intact and there was good blood flow</p> <p>14 to the finger.</p> <p>15 Q. Okay. And did he report to you that</p> <p>16 there was previously a dislocation at the PIP</p> <p>17 joint?</p> <p>18 A. He said he had sustained it during</p> <p>19 basketball.</p> <p>20 Q. Okay. So in the surgical history note,</p> <p>21 is that something that you rely on the patient to</p> <p>22 share with you or do you get that information from</p> <p>23 somewhere else?</p> <p>24 A. You said surgical history note?</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. I'm looking at the bottom of 160, it says</p> <p>2 "past surgical history".</p> <p>3 A. Yes, we rely on the patient.</p> <p>4 Q. Okay. Does this type -- does the</p> <p>5 dislocation of the PIP joint in your experience</p> <p>6 always require or often require surgery to repair?</p> <p>7 A. Almost nothing in medicine is always. As</p> <p>8 far as how often it requires repair, I would say a</p> <p>9 significant number require surgery.</p> <p>10 Q. Okay.</p> <p>11 A. By the way, where it says "past surgical</p> <p>12 history", there's a typo, it says "left small finger</p> <p>13 DIP reduction repair", that's PIP, so that's a typo,</p> <p>14 that should be PIP instead of DIP.</p> <p>15 Q. Okay. How often have you performed this</p> <p>16 procedure, the PIP reduction and repair?</p> <p>17 A. I don't know, I probably do -- they come</p> <p>18 in waves. Probably do like half a dozen a year, so</p> <p>19 probably -- over the course of my career, probably</p> <p>20 about 120, something like that. That's a rough</p> <p>21 estimate.</p> <p>22 Q. Okay. And how often have you seen a</p> <p>23 dislocation of this nature?</p> <p>24 A. Probably three times that, you know.</p>

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1 Q. Three times that, okay.  
 2 A. Yeah.  
 3 Q. So it looks like on the next page there  
 4 was also a note about imaging towards the bottom of  
 5 161?  
 6 A. Yes.  
 7 Q. So is it fair to say that the X-rays were  
 8 taken on this date, 3-30?  
 9 A. Yes.  
 10 Q. Okay. Did you review the X-rays?  
 11 A. Yes.  
 12 Q. Can you tell us about your observations?  
 13 A. So there was arthritis of the PIP joint,  
 14 there were some suture anchors in place in the base  
 15 of the middle phalanx and this note says it's  
 16 malunion of the volar plate as appreciated, but  
 17 malunion would imply that it's a fracture and I  
 18 think that there can be some overgrowth of bone  
 19 there. I did take a look at his X-rays just so I  
 20 could refresh my mind, I saw the X-ray from this  
 21 date earlier today.  
 22 Q. Okay. And so can we -- can you explain  
 23 "suture anchor" to me?  
 24 A. So sometimes you want to anchor a soft

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1 tissue to a bone whether it be to a volar plate  
 2 like this nature or a ligament, and there's small  
 3 screws that you can screw into the bone that have  
 4 an eyelet at the trailing end and have suture that  
 5 then you can use to attach soft tissue to the  
 6 bone.  
 7 Q. Okay. And is it common that you need to  
 8 use those suture anchors in fingers?  
 9 A. Well, you said "need to". There's a lot  
 10 of different ways to do things.  
 11 Q. Okay.  
 12 A. So there's advantages and disadvantages  
 13 to everything. I tend to -- I don't do this surgery  
 14 with suture anchors. That's not because there's  
 15 something wrong with a suture anchor, but it's my  
 16 preference -- because he does have two suture  
 17 anchors, by the way, and they're small. And that  
 18 is a small amount of real estate and you can  
 19 actually fracture into the joint or fracture a  
 20 bone. So I prefer to drill with a needle and  
 21 attach through the bone on top, tying it on top.  
 22 So it's a similar mechanism, but I don't use suture  
 23 anchors for this, I do do them routinely for other  
 24 things.

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1 Q. Okay. Can you explain the malunion, you  
 2 said that might be a reference to bony material?  
 3 A. So when you look at the joint, you know,  
 4 joints should lie like spoons in a drawer, nestled.  
 5 And when you look at the middle phalanx which is  
 6 the middle bone in the finger closer to the tip as  
 7 far as this joint -- excuse me.  
 8 (After a brief interruption, the  
 9 deposition was resumed as follows:)  
 10 THE WITNESS: A. so the middle phalanx is  
 11 closer to the PIP and the proximal phalanx is up  
 12 on the other side of the joint. The proximal  
 13 phalanx is sort of like the end of a sphere and  
 14 that's cupped by the base of the middle phalanx.  
 15 If you look at his X-ray from that day, this seems  
 16 to be opened up more, it's more flattened, the  
 17 curvature is a little bit less deep and that can be  
 18 from the way it's healing, the injury or just that  
 19 he grew a little extra bone spur that makes it look  
 20 like that.  
 21 MS. SANFELIPPO: Q. Okay. And what were your  
 22 conclusions from your reading of the image?  
 23 A. Well, the principle thing I'm looking  
 24 for on the image is to see if the joint is reduced,

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1 which it is. One reason he can have stiffness is if  
 2 the joint is not reduced. If it's not reduced, it's  
 3 going to be stepped off and then he can't glide  
 4 around, he'll hinge, so that leads to a lot of  
 5 stiffness. So I was trying to see if that was the  
 6 problem. If that was the problem, that's something  
 7 we can try to address. If that is not the problem  
 8 and he's as stiff as he is, there's some releases we  
 9 can do, but it's unlikely he's going to get much  
 10 motion in his joint.  
 11 Q. Okay. Can you tell me what your diagnosis  
 12 was on this visit?  
 13 A. So for the left small finger, he was  
 14 status post dislocation with some arthritis and a  
 15 stiff -- post-traumatic stiffness. So we discussed  
 16 with him that he really had two options, he can try  
 17 some therapy to see if that would improve motion or  
 18 we felt the most reliable thing as far as if he had  
 19 a lot of pain would be to fuse it. Fusing does two  
 20 things, one, if he's having pain when it's attempted  
 21 to move, it can take that away, and also it can  
 22 place it in a more functional position.  
 23 If I recall his X-ray, he's pretty  
 24 extended, he's pretty straight and that's not a



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1 great position for fusion or for stiffness of that  
2 finger. We tend to put in a little bit of arc, you  
3 know, your resting posture is an arcade. So  
4 starting from the index finger and working your way  
5 to the small finger, if you do fuse it, you place  
6 it in increasing amounts of flexion because that  
7 reproduces more of a normal grip.

8 Q. Okay. Can you walk me through what  
9 observations factored into your diagnosis of  
10 post-traumatic arthritis?

11 A. The way the X-ray looked. You'll have  
12 some degree of loss of joint space coupled with the  
13 fact that we know he had a dislocation.

14 Q. Any other observations?

15 A. Not really.

16 Q. Okay. How common is it for a 42-year-old  
17 to have that form of arthritis in his finger?

18 A. Age has nothing to do with this, this is  
19 post-traumatic, so it has to do with his injury,  
20 it's not degenerative joint disease --

21 Q. Okay.

22 A. -- which is wear-and-tear arthritis of  
23 old age.

24 Q. Is it common for people to have that sort

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1 finger was bothering him, so we proceeded with  
2 focusing on treating that because that was a more  
3 addressable problem.

4 Q. There was a cyst on the right finger --

5 A. Yes.

6 Q. -- correct. And I believe you removed  
7 it?

8 A. Yes.

9 MS. SANFELIPPO: Okay. Then why don't we move  
10 on to the next -- I'm going to hand you what I'll  
11 ask the Court Reporter to mark as Exhibit 3.

12 (Deposition Exhibit Number 3 was  
13 marked for identification as  
14 requested.)

15 MS. SANFELIPPO: Q. Okay. Should be page  
16 152.

17 A. Uh-huh.

18 Q. Okay. Is this -- is this an orthopedic  
19 note prepared based on a visit that Wendell Weaver  
20 had with you on December 14th of 2017?

21 A. Yes.

22 Q. Okay. Can you tell me about your  
23 examination of Mr. Weaver on this date?

24 A. Well, he was here mostly for a post-op

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1 of arthritis after a trauma?

2 A. Anytime you have an injury to a joint,  
3 you can have arthritis and that's variable and  
4 sometimes it's symptomatic and sometimes it's not.

5 Q. Can you explain that?

6 A. For example, if you look at distal radius  
7 fractures, fractures of the wrist, oftentimes they  
8 go into the joint. When a fracture goes into the  
9 joint, it will disrupt the cartilage and so  
10 oftentimes it's -- even if it's relatively well  
11 aligned on X-ray, there can be a little bit of  
12 unevenness, the cartilage will wear unevenly which  
13 is what arthritis is.

14 But in the wrist, even though a large  
15 number of people -- and the fingers to some extent  
16 would be the same -- a large number of people can  
17 have changes you can see on X-ray, they're not  
18 necessarily painful. Certainly not as much as they  
19 would be in a knee or hip because these are weight-  
20 bearing joints.

21 Q. Okay. So, ultimately, I believe was it  
22 Mr. Weaver that chose to proceed with therapy?

23 A. I think we've been focusing on his left  
24 small finger, but I think he had -- his right index

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1 for having the index finger mass excision and that  
2 was doing well. As far as his left small finger,  
3 we felt that he had arthritis, it was unlikely we  
4 could increase his motion and we recommended a  
5 fusion and he didn't want to do that. So we gave  
6 him a follow-up as-needed appointment as far as the  
7 fusion.

8 Q. I'm sorry, what page are you looking at?

9 A. 153.

10 Q. Okay. And there's also a note for  
11 imaging. Do you know if new X-rays were taken on  
12 this date or did you review old ones?

13 A. This sounds like it's the old ones.

14 Q. Okay. So why did you -- can we go over  
15 what caused you to suggest that treatment plan on  
16 this date?

17 A. As far as fusion?

18 Q. Yes.

19 A. He has arthritis of his joint and the PIP  
20 joint doesn't do well as far as -- if the complaint  
21 is stiffness, for some joints, you can do some  
22 releases, you can release scar tissue, you can  
23 release capsule. That's true of the neighboring  
24 joint, the MCP joint which is the knuckle joint,



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1 that does very well with that, the PIP doesn't.

2 So if he doesn't have motion, he has  
3 a painful joint and we can't improve motion, the way  
4 to get rid of that pain would be to fuse it in a  
5 more functional position.

6 Q. Okay. Then I just want to make sure  
7 there's nothing else that I want to ask you on this  
8 page.

9 Is there anything in your notes to  
10 suggest that there was a change in his condition  
11 between this date and the last note that we just  
12 discussed, that was about nine months older?

13 A. As far as his finger?

14 Q. Yes.

15 A. No, I don't think so.

16 MS. SANFELIPPO: Okay. Okay. Then I'm going  
17 to move on to the next one. I'm going to ask the  
18 Court Reporter to mark this as Exhibit 4.

19 (Deposition Exhibit Number 4 was  
20 marked for identification as  
21 requested.)

22 MS. SANFELIPPO: Q. Okay. This should be page  
23 144. Starting off, is this an orthopedic note that  
24 you prepared based on a visit with Wendell Weaver

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1 examination of Mr. Weaver on this date?

2 A. So he still had a very stiff finger. He  
3 had good motion at the knuckle, the MCP joint, but  
4 he doesn't have very good motion and we discussed --  
5 he was still having pain and stiffness and certainly  
6 a stiff joint is a painful joint. We had talked  
7 about therapy, we had talked about fusion. He  
8 didn't want those. He wanted to try to attempt to  
9 obtain some motion, so we talked about attempting  
10 the capsular release and tenolysis or freeing up  
11 the tendons surrounding. But we explained to him  
12 that the amount of motion gained might be so limited  
13 that we might need to proceed with articular fusion.  
14 So certainly the most reliable thing for him would  
15 be a fusion and that's what we discussed several  
16 times.

17 Q. Okay.

18 A. But, obviously, he has autonomy, if he  
19 doesn't want to have a fusion and he wants to try  
20 something short of that, we can try the tenolysis,  
21 but we discussed with him that he'll be lucky if he  
22 gets a lot of motion here.

23 Q. Okay. Going back to the observations,  
24 the physical examination section, you noted mild

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1 on November 1st of 2018?

2 A. No, this is a nursing note.

3 Q. Oh, I'm sorry. Can you flip to page 146,  
4 it's in that packet that I handed you.

5 MR. MARUNA: I don't think you've got 144 and  
6 145.

7 MS. SANFELIPPO: I'm not sure why she made the  
8 copies this way. Okay -- so you have 144, 145,  
9 here's 146, 147, 148. And here's these as well.  
10 So that should be -- so that should be all part of  
11 the same exhibit.

12 THE WITNESS: Okay.

13 MS. SANFELIPPO: It should be one, two, three,  
14 four, five pages.

15 MR. STALEY: So 43 through 48?

16 MS. SANFELIPPO: No, actually, 43 will be  
17 another exhibit.

18 MR. MARUNA: Okay, 144 through 148 is Exhibit  
19 4?

20 MS. SANFELIPPO: Yes.

21 Q. So if you could look at page 146. Is  
22 this your orthopedic note?

23 A. Yes.

24 Q. Okay. Can you tell me about your

Page 37

1 swelling over the MCP joint on the left finger,  
2 page 147.

3 A. Uh-huh.

4 Q. Can you explain that?

5 A. He has -- the rest of the finger is stiff,  
6 this joint may take up more stress than usual than  
7 a normal hand.

8 Q. Okay. Just so to explain it in laymen's  
9 terms, because one joint can't do much, the other  
10 one is overcompensating, is that fair?

11 A. To some extent.

12 Q. Okay. And then did the rest of the  
13 physical examination change much from the last  
14 time you had seen him about a year prior to your  
15 knowledge?

16 A. It doesn't seem so. The tip of his finger  
17 seems more stiff than previously, so I think the  
18 finger is stiffer than it was before.

19 Q. All right. What about the range of  
20 motion, what did you observe?

21 A. The range of motion, that's what I mean  
22 by stiffer, the range of motion is less and that's  
23 what means he's stiffer.

24 Q. So what was your diagnosis on this date?

<p style="text-align: right;">Page 38</p> <p>1 A. He has degenerative changes and post- 2 traumatic stiffness after a finger dislocation. 3 Q. Okay. So that was the same as it was 4 previously or did it change at all? 5 A. No, it's the same. 6 Q. Okay. I don't believe there was any 7 images reviewed at this session with Mr. Weaver, so 8 can you just summarize for me what observations 9 factored into the diagnosis? 10 A. Well, we know his history, we know he 11 dislocated his finger. It's been stiff now for 12 years, so we've offered him fusion and he doesn't 13 want fusion, but he continues to say it's painful, 14 so we're offering an attempt at loosening it up, 15 although it's not likely to be that effective. 16 Q. Okay. So you did ultimately, though, 17 schedule a surgery for Mr. Weaver? 18 A. It was attempted to schedule it says here, 19 I'm not sure if we were -- I'm not sure why it says 20 "tentative". Tentative date is December 7th 21 scheduled for day of surgery. 22 MS. SANFELIPPO: Okay. I think we're all set 23 with that exhibit then. I accidentally already 24 gave you the last one, it's 143 -- it should be</p>	<p style="text-align: right;">Page 39</p> <p>1 after the last page. 2 THE WITNESS: I have 144, 145, 146, 147 and 3 148. 4 MR. STALEY: Is that the end of the last 5 exhibit that starts with 146? 6 MS. SANFELIPPO: Do you guys have -- 7 MR. MARUNA: Yeah, I have it. 8 MS. SANFELIPPO: So she can just mark it as an 9 exhibit. 10 (Deposition Exhibit Numbers 5 and 6 11 were marked for identification as 12 requested.) 13 MS. SANFELIPPO: Q. Okay. Now, I know this 14 isn't your note exactly, it's an RN note, but are 15 you familiar with this document at all? 16 A. I've never seen this specifically, but 17 I can tell what it is, Lorna is our surgical 18 scheduler. 19 Q. Okay. And what does the note say? 20 A. "This writer received a message from 21 Stateville stating that the capsular release is 22 denied for this patient, to please cancel the 23 surgery. He would be treated on-site." 24 Q. Do you have any knowledge as to whether</p>
<p style="text-align: right;">Page 40</p> <p>1 or what sort of on-site treatment Mr. Weaver was to 2 receive? 3 A. No. 4 Q. Okay. Were you contacted directly about 5 the fact that the surgery was scheduled -- that you 6 had scheduled was cancelled? 7 A. They would have -- it would have appeared 8 on surgical scheduling as him being cancelled, but 9 I did not see this particular sentence before. 10 Q. Okay. Can you recall any other instances 11 of inmates that you had scheduled to undergo 12 surgery, that that surgery had subsequently been 13 cancelled? 14 A. Yes. 15 Q. Do you know about how many? 16 A. No. 17 Q. Okay. Did you at the end of all of your 18 treatments with Mr. Weaver send copies of your notes 19 back with him to the prison? 20 A. There's a form that comes with them that 21 we fill out as far as what our intentions and plan 22 is. So, for example, from the previous visit, it 23 would have been that we were planning on doing this 24 particular surgery. It's a form that gets filled</p>	<p style="text-align: right;">Page 41</p> <p>1 out and then handed back to them and the guards 2 take it back. 3 Q. Okay. So, ultimately, did you -- I know 4 that we talked about patient autonomy and Mr. Weaver 5 was not interested in having his finger fused, but 6 would you have proceeded with the release had there 7 been no way it would help him in any way? 8 MR. MARUNA: Objection, form of the question, 9 vague. 10 THE WITNESS: A. So as we discussed in the 11 note, the expectation of gains here is pretty 12 limited for capsular release, especially for a 13 small finger. This is a bad joint as far as doing 14 a capsular release and it's a bad finger. When we 15 have rest every day, the small finger is in a 16 pre-flexed posture, you're not moving it, it's easy 17 to bypass it. 18 So, for example, I would be -- the 19 PIP is always going to be a problem. I was more 20 confident that he's going to get significant motion 21 of an index finger, it's easier to focus on using 22 that and manipulating it than the pinky that it 23 really to some extent sort of like be ignored in 24 most manipulation. So expectations for me for a</p>



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1 capsular release with him were pretty limited.  
2 MS. SANFELIPPO: Okay. Then I think I'm all  
3 done with my questions, if anyone else has any.

4 MR. MARUNA: Yeah, I'm going to have just --  
5 actually when I say a few, I actually do mean a few  
6 for the first time in my life.

7 I introduced myself earlier, I  
8 represent the late Dr. Obasi and Dr. Martija in  
9 this case. Thank you for your time again today,  
10 Doctor.

## EXAMINATION

11 BY MR. MARUNA:

12 Q. You used the term post-traumatic  
13 arthritis. I just want to be clear, what causes  
14 post-traumatic arthritis in a finger dislocation?

15 A. It can be any number of things, it can be  
16 the initial injury, it can be a step-off if there's  
17 a fracture associated with it, it can be  
18 inflammation or infection if it's an open  
19 dislocation.

20 Q. And the idea is once that occurs, then  
21 you're going to develop some sort of arthritis in  
22 the joint, correct?

23 A. Once what occurs?

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1 Specifically with a prisoner, when they come in, if  
2 we are getting new X-rays, the guards escort them  
3 over.

4 Q. My point is, I guess, as the physician  
5 ordering the imaging, you don't actually carry out  
6 the logistics of securing the image, someone else  
7 down the line in the medical system here at UIC  
8 does that, correct?

9 A. For the most part. So if I'm ordering a  
10 formal X-ray, yes. We also have a fluoroscan in  
11 our office which, obviously, we have it because  
12 we're orthopedics and most offices wouldn't. In  
13 the fluoroscan, I am taking the image myself.

14 Q. Let's assume a regular plain X-ray of a  
15 finger, for example.

16 A. I'm ordering it and they're going to  
17 X-ray, and I'm not putting them in the machine.

18 Q. And your expectation then as the doctor  
19 would be that your order is carried out, correct?

20 A. Yes.

21 Q. And if there's something wrong with  
22 securing that X-ray, you would expect someone to  
23 notify you there was a problem, correct?

24 A. Yes.

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1 Q. Sure. Once there's trauma to the joint,  
2 there's going to be development of post-traumatic  
3 arthritis, correct?

4 A. Not always. It's certainly more  
5 frequently once you've had injury, but not everyone  
6 who has a dislocation is going to get arthritis.

7 Q. This patient, though, does demonstrate  
8 post-traumatic arthritis, correct?

9 A. Yes.

10 Q. It's not degenerative arthritis or DJD,  
11 correct?

12 A. That's correct.

13 Q. Now, I just want to be clear on a couple  
14 questions here. These may seem very basic, so just  
15 bear with me here.

16 We discussed X-rays inside the  
17 hospital. When you as the orthopedic surgeon put  
18 an order in for an X-ray, do you wheel the patient  
19 down to imaging and stick him in the X-ray  
20 machine?

21 A. No.

22 Q. Does someone else do that?

23 A. Most of my patients are ambulatory, so  
24 no one is being wheeled, they're walking over.

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1 Q. You don't walk down to the X-ray and say,  
2 hey, guys, did you X-ray Patient Smith today, do  
3 you?

4 A. The way you phrased the question, if I'm  
5 in the clinic and I just sent you to X-ray and you  
6 haven't come back, I will go over and ask what's  
7 the problem, why haven't you returned to my office.  
8 Because I'm sending you to X-ray -- I'm sending you  
9 to X-ray one of two ways, I'm sending you to X-ray  
10 and you need to return so I can see the X-ray that  
11 way, or I'm sending you for X-rays on the way out,  
12 and that means you're going to X-ray and then you're  
13 leaving.

14 So, for example, if I'm treating  
15 some kind of wear-and-tear arthritis and I want --  
16 I've decided to do surgery, we're going to do  
17 surgery regardless, but I want new X-rays for the  
18 surgical date, I might complete the surgical packet,  
19 send you to X-ray to get X-rays on the way out that  
20 then will be available for me in the computer on  
21 the day of surgery. But if I'm treating a fracture,  
22 generally I'm sending you to X-ray and waiting for  
23 you to come back. If you don't come back, then I'll  
24 go find out what happened because sometimes people



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1 have misunderstood and left from X-ray.

2 Q. But the expectation is when you put in  
3 an order for an X-ray, you expect the people in  
4 the imaging department to provide that X-ray,  
5 correct?

6 A. Yes.

7 Q. And I also want to ask about medications  
8 as well.

9 When you place an order for a  
10 medication for a patient, let's assume they're  
11 in-patient in this case, that they're in the  
12 hospital, do you physically hand the medication to  
13 the patient or does someone in the pharmacy or  
14 medical technician handle that?

15 A. I don't give anyone medication directly.

16 Q. And, again, your expectation would be when  
17 you put in a medical order, that it's carried out,  
18 correct?

19 A. Yes.

20 MR. MARUNA: Nothing further. Thank you for  
21 your time.

22 MR. STALEY: I just have this one question.  
23  
24

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# EXAMINATION

2 BY MR. STALEY:

3 Q. The capsular release that was -- surgery  
4 that was scheduled, that wasn't a medically  
5 necessary treatment, was it?

6 A. Well, if it wasn't medically necessary,  
7 we wouldn't do anything. We're giving him an  
8 option like we talked about, he's having pain, he  
9 wants more motion, we can't really resolve these  
10 two because of this, so I do think it is medically  
11 necessary.

12 Q. There were alternative treatments  
13 available that you could have done, though?

14 A. The fusion.

15 MR. STALEY: All right. Nothing further.

16 MR. PERERA: No questions.

17 MS. SANFELIPPO: Thank you very much, Doctor.

18 THE WITNESS: Waive signature.  
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1 STATE OF ILLINOIS )

) SS.

2 COUNTY OF COOK )

3 I, PATRICIA S. MANN, CSR, RPR, a certified  
4 shorthand reporter in the State of Illinois, do  
5 hereby certify that ALFONSO MEJIA, M.D., was by me  
6 first duly sworn to testify to the truth, and that  
7 the above matter was recorded stenographically by me  
8 and reduced to writing by me.

9 I FURTHER CERTIFY that the foregoing transcript  
10 of the said matter is a true, correct and complete  
11 transcript of the testimony given by the said  
12 witness at the time and place specified herein  
13 before.

14 I FURTHER CERTIFY that I am not a relative or  
15 employee of any of the parties, nor a relative or  
16 employee of the attorneys of record or financially  
17 interested directly or indirectly in this action.

18 IN WITNESS WHEREOF, I have hereunto set my hand  
19 and affixed my seal of office at Chicago, Illinois,  
20 this 20th day of April, 2019.

21 *Patricia S. Mann*  
22 Certified Shorthand Reporter  
23 License No. 084-001853  
24



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**PERSONAL**

Birth date: February 3, 1964  
Citizenship: United States

**PROFESSIONAL TRAINING**

Kleinert Hand and Microsurgery Fellowship  
Hand Surgery Fellowship  
Thomas Wolff, MD, Fellowship Director  
August 1, 1995 to September 30, 1996

University of Illinois Orthopaedic Surgery Program  
Orthopaedic Surgery Residency  
Riad Barmada, MD, Chairman  
July 1, 1990 to June 30, 1995

**EDUCATION**

University of Illinois College of Medicine, Chicago, Illinois  
M.D. Degree, June 1990

University of Illinois School of Public Health, Chicago, Illinois  
M.P.H. in Epidemiology, September 1990

University of Michigan  
Ann Arbor, Michigan  
B.S. in Cellular and Molecular Biology, Microbiology, May 1986

**BOARD CERTIFICATION**

Recertification Combined Orthopaedic Surgery & Certificate of Added  
Qualification in Hand Surgery September 2017

Recertification Combined Orthopaedic Surgery & Certificate of Added  
Qualification in Hand Surgery September 2009

Certificate of Added Qualification in Hand Surgery; August 2000  
Board Certified in Orthopaedic Surgery; July 1999  
Diplomate of the National Board of Medical Examiners; 1991

## ACADEMIC AFFILIATIONS

Associate Professor of Clinical Orthopedic Surgery  
University of Illinois at Chicago  
August 2014 to Present

Assistant Professor of Clinical Orthopedic Surgery  
University of Illinois at Chicago  
January 2002 to August 2014

Assistant Clinical Professor of Orthopedic Surgery  
University of Illinois at Chicago  
June 1998 to December 2001

Senior Attending Physician, Cook County Hospital, Department of Surgery,  
Division of Orthopaedic Surgery, March 1998 to October 2000; September 2005  
to September 2010

## PRESENTATIONS

### Edit

Alfonso Mejia, Gautam Malhotra, James Heaberlin, Mohammed Saad Malik,  
Sapan H. Shah, Dan Rybalko. Local Flaps of the Hand. AAOS Orthopaedic Video  
Theater. 2018

Hand and Elbow Injuries. Complex Distal Radius Fractures-New Innovations, 19th  
Annual Chicago Trauma Symposium, August 17, 2018.

AAOS Annual Meeting Medical Students' Program, Friday, March 9, 2018, Morial  
Convention Center, New Orleans, LA.

AAOS Annual Meeting, March 2018, Morial Convention Center, New Orleans, LA.

The Anesthetic Effectiveness of J-Tip Needle Free Injection System Prior to  
Trigger Finger Injection: A Double Blinded, Randomized Clinical Trial

Kush P, Kyle McGillis, Mejia A  
72<sup>nd</sup> ASSH Annual Meeting  
San Francisco September 7-9, 2017

Complex Distal Radius Fractures – New Innovations  
MEJIA, A  
18<sup>th</sup> Annual Chicago Trauma Symposium  
July 7<sup>th</sup> 2017

Influence of Carpal Tunnel Pressure on Finger Kinematics: A Biomechanical  
Study. *Farid Amirouche, Giovanni F. Solitro, Olivia Wang, Livia Bänninger, Kyle  
MacGillis, Mark Gonzalez, Alfonso Mejia*  
Orthopedic Research Society 2017 Annual meeting.

In Vivo Finger Abduction Comparison of Flexed and Extended Wrist and  
Metacarpophalangeal Joints  
ePoster presentation

Macgillis K, Le J, Rybalko D, Mejia A  
71<sup>st</sup> Annual Meeting of the ASSH  
September 29 October 1 2016  
Austin Texas

Carpal Disaster: Damage Control and Solutions An Update  
Mejia, A  
17<sup>th</sup> Annual Chicago Trauma Symposium  
Chicago, Illinois  
August 18<sup>th</sup>, 2016

Shifting patterns of childhood injury: identifying those at risk as a step toward the next wave of intervention Danikowicz R, Beck E Mejia A. American Orthopaedic Association National Conference Seattle WA. June 2016

Hand Surgery Emergent and Urgent Conditions for the Primary Care Physician.  
Presentation A Mejia. 2016 Midwest Clinical Conference Chicago  
May 21 2016

Predictors of Radial Nerve Position on the Humerus: An MRI-Based Anatomical Study Poster Presentation Wang O, Mejia A. American Association for Hand Surgery Annual Meeting Jan 2016 Scottsdale Arizona.

Communicating with the Linguistically Different Patient: effective strategies and techniques to optimize care Podium Presentation. Bridging the Gap Emerging Health Issues in Underrepresented Minorities Mejia A. Chicago, Illinois  
September 21, 2015

Child Abuse: An Orthopedic Approach. University of Illinois Orthopedic Surgery Grand Rounds August 9, 2015

Anatomical MRI Study of the Radial Nerve Aranda C, Wang O, Moretti V, Mejia, A, Mason B National Medical Association Annual Meeting Detroit MI  
August 1 2015

Hand Embryology: Processes and Aberrations University of Illinois Orthopedic Surgery Grand Rounds July 25, 2015

Assessment of Tendon Graft Rings for A2 and A4 Hand Pulley Reconstruction Soulii L, Gonzalez M, Mejia A, Amirouche F, Solitro GF, Weisburger M

Podium Presentation  
ASSH 70<sup>th</sup> Annual Meeting  
Seattle, WA  
September 11, 2015

Total Knee Arthroplasty in the Medicaid Population  
Mossad D, Schwartz B, Schwartz A, Moretti V and and Mejia A  
AAOS Annual Meeting  
Las Vegas, Nevada



March 24-28, 2015

Orthopedics-Foot Disorders  
Geriatric Updates and Board Review 2014  
Mejia, A  
University of Illinois at Chicago  
Saturday October, 25, 2014

Carpal Disaster: Damage Control and Solutions Mejia, A  
16<sup>th</sup> Annual Chicago Trauma Symposium Chicago, Illinois  
September 4<sup>th</sup>, 2014

Sub-Acute Scapholunate Injuries: Reconstruction Mejia, A  
16<sup>th</sup> Annual Chicago Trauma Symposium Chicago, Illinois  
September 4<sup>th</sup>, 2014

Flexor and Extensor Tendon Injuries of the Hand  
University of Illinois Orthopedic Surgery Residency Lecture Mejia, A  
University of Illinois Wednesday July 23, 2014 Chicago, Illinois

Radiation Exposure to the Orthopaedic surgeon and Efficacy of a Novel  
Radiation Attenuation Product. Mayekar E and Mejia A. Southern Orthopaedic  
Association Annual Meeting Beaver Creek Colorado. July 19, 2014

Tendon Transfers for Radial Nerve Palsy Mejia, A. University of Illinois  
Orthopedic Surgery Grand Rounds. April 26, 2014

Distribution and Growth of Orthopedic Residency Positions in the United States  
Moretti V, Mejia A, Mid America Orthopedic Association 32<sup>nd</sup> Annual Meeting  
San Antonio, Texas, April 23-27, 2014

Flexor Tendon Reconstruction: an Update A Mejia. University of Illinois  
Orthopedic Surgery Grand Rounds April 5, 2014.

Informed Consent a Case-Based Perspective. University of Illinois Orthopedic  
Surgery Residency Program, March 19, 2014.

Evaluation of A2 and A4 hand pulley reconstruction using tendon graft rings.  
Amirouche F, Soulii L, Gonzalez M, Solitro G, Mejia A, Weisburger M.  
OMTEC, Chicago, IL, 2013.

Metacarpal & Phalangeal Fractures-New Plating Techniques Mejia, A  
15<sup>th</sup> Annual Chicago Trauma Symposium August 1, 2013.

Olecranon Fracture Fixation Mejia, A. 15<sup>th</sup> Annual Chicago Trauma Symposium  
August 1, 2013.

Radial Head Replacement in Complex Radial Head Fractures Mejia, A  
15<sup>th</sup> Annual Chicago Trauma Symposium. August 1, 2013.

The Effect on Pullout Strength after Reinsertion of Non Self Tapping Screws in

Synthetic Bone. Ozoude G, Amirouche F, Mejia A. University of Illinois Senior Resident Thesis Presentation. University of Illinois at Chicago. June 22, 2013

Best Practices: Patient Safety and Quality Improvement Education for Orthopedic Resident, Mejia A. Council of Orthopedic Residency Directors Meeting American Orthopedic Association Annual Meeting Denver, Colorado. June 15, 2013

Distal Radius Fractures. Mejia A. Iowa Orthopaedic Society Spring Meeting Des Moines, Iowa April 12, 2013

Culturally Competent Care an Orthopaedist's Responsibility Iowa Orthopaedic Society. Mejia A. Spring Meeting Des Moines, Iowa April 12, 2013

Advances in Treatment of Dupuytren's Disease and In Dermal Substitution Mejia A. Orthopaedic Technologist Association of Illinois Fall Meeting Chicago, Illinois. October 27, 2012

Culturally Competent Care: An Orthopedic Responsibility. Grand Rounds Mejia A. University of Arkansas Department of Orthopedic Surgery Little Rock, Arkansas. September 26, 2012

Biomechanics of the Boutonniere Deformity. Grau L, Baydoun H, Chen K, Gonzalez , Mejia A, Amirouche F Annual Meeting of ASSH, Chicago IL. September 2-8, 2012

Metacarpal & Phalangeal Fractures- Latest Techniques and Pearls. Alfonso Mejia 14<sup>th</sup> Annual Chicago Trauma Symposium August 2, 2012

Carpal Scaphoid Fractures-Key Concepts Mark Gonzalez & Alfonso Mejia 14<sup>th</sup> Annual Chicago Trauma Symposium, August 2, 2012

Triangular Fibrocartilage Injuries: Focus on Foveal Detachment Mejia A. University of Illinois at Chicago, Grand Rounds April 7, 2012

Deactivation of Image-Averaging Increases Clarity in Dynamic Fluoroscopy Smiresh Shah and Alfonso Mejia Combined Meeting of the American and Australian Hand Societies Kauai, Hawaii March 22-25, 2012

Lead Free Attenuation Garment Smiresh Shah and Alfonso Mejia Combined Meeting of the American and Australian Hand Societies Kauai, Hawaii March 22-25, 2012

Falls Across the Continuum of Palliative Care American Association of Hospice and Palliative Care Annual Meeting M Malec, S Levine, A Mejia. Denver, CO March 8, 2012

Effective Communication for All Your Patients Instructional Course, AAOS Annual Meeting McLaurin, Mejia, Bolanos, Peterson. San Francisco, CA February 9, 2012

Radiation Attenuation to Surgeon's Hands Mejia, A, Shah S, Chen K  
Scientific Exhibit, AAOS Annual Meeting San Francisco, CA  
February, 2012

Flexor Tendon Injuries A Mejia Orthopedic Surgery Grand Rounds, University of  
Illinois at Chicago December 3, 2011

Distal Radio-Ulnar Joint Prosthesis for Painful Ulnar Impingement after Ulnar  
Head Resection: An Initial Experience Mejia A. Chicago Hand Society Chicago,  
Illinois January 19, 2011.

Musculoskeletal Trauma: A Sports Perspective Mejia A, Hutchinson M  
M2 CPC Medical Student Lecture, University of Illinois College of Medicine  
September 30, 2010

Care of the Burned Hand Alfonso Mejia, MD-MPH. Orthopedic Surgery Grand  
Rounds, University of Illinois at Chicago September 11, 2010

Informed Consent: A Case Based Approach Alfonso Mejia, MD-MPH and Paul  
Price JD Stroger Hospital of Cook County, Department of Surgery Meeting  
Chicago, Illinois, May 27, 2010

Informed Consent in Orthopaedic Surgery Instructional Course Lecture  
Mejia A, Gonzalez M, Goldstein W, and Price P AAOS 2010 Annual  
Meeting March 10-15 New Orleans, LA

The mechanics of Locking Plates in Midshaft Femur Fractures, Choi, K. W.,  
Amirouche, F., Paik, C, Gonzalez, M., Mejia, A., ORS Annual meeting, 56th  
Annual Meeting of the Orthopaedic Research Society, March 6 - 9 2010, New  
Orleans, Louisiana, USA.

Informed Consent in Orthopedic Surgery Mejia A Grand Rapids Orthopedic  
Surgery Residency Program, Grand Rounds Grand Rapids, Michigan  
November 4, 2009

Distal Radius Fractures Evaluation and Treatment Mejia A. Grand Rapids  
Orthopedic Surgery Residency Program, Grand Rounds Grand Rapids, Michigan  
November 4, 2009

Cubital Tunnel Release: A Novel Technique Shah S, Baydoun H, Mejia A, and  
Gonzalez M. Poster Presentation at AAOS 2010 Annual Meeting New Orleans,  
LA

Musculoskeletal Trauma: A Sports Perspective Mejia A, Hutchinson M

M2 CPC Medical Student Lecture, University of Illinois College of Medicine  
October 2, 2009



Distal Radius Fractures Mejia A. 11<sup>th</sup> Annual Chicago Trauma Symposium July 30, 2009

Carpal Tunnel Syndrome Evaluation and Treatment. Mejia A. Workers Compensation Meeting ATI Bolingbrook, Illinois, February 18, 2009

Informed Consent in Orthopaedic Surgery Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds January 31, 2009

Functional Capacity Evaluation Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds November 15, 2008

Avoiding Complications in Hand Surgery Mejia A. Illinois Association of Orthopaedic Surgeons, Fall Meeting Chicago, Illinois. September 27, 2008

Hand Surgery in a County Population: Hand Infections Mejia A. National Medical Association, Annual Meeting, Atlanta, Georgia July 28, 2008

Flexor Tendon Injuries Mejia A. National Medical Association, Annual Meeting, Atlanta, Georgia July 28, 2008

Triangular Fibrocartilage Injuries Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds. January 5, 2008

Splinting and Casting of the Hand and Wrist Mejia A Orthopaedic Technologist Association of Illinois Fall Meeting Chicago, Illinois. November 17 2007

Proximal Inter-phalangeal Joint Injuries Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds September 8, 2007

Tendon Injuries Review for Part I of Orthopedics Boards Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois

Hand Fractures Review for Part I of Orthopedics Boards. Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois

Carpal Injuries Review for Part I of Orthopedics Boards. Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois.

Common Conditions in Hand Surgery. Mejia A. Cermak Health Services Grand Rounds January 17, 2006

Musculoskeletal Infections in Pediatric Patients Mejia A. Pediatric Grand Rounds, Illinois Masonic Hospital December 7, 2005

Fragment Specific Fracture Fixation of Distal Radius Fractures Trimed Distal Radius Course Mejia A Valencia, Spain. November 4, 2005

Shock for the Tactical Officer.

Mejia A  
TEMS training day for SSERT  
Country Club Hills PD, Illinois  
September 27, 2004

Hydration for the Tactical Officer Mejia A  
TEMS conference of ITOA  
Oakbrook, Illinois  
May 2004

Biological Weapons: a Primer for Tactical Emergency Medical Support Mejia  
A. Illinois Tactical Officers Association Annual Meeting Oakbrook, Illinois.  
November 23, 2003.

Injuries of the Upper Extremity Mejia A. Midwest Clinical Conference, Berkheiser  
Lecture, Chicago Medical Society Chicago, Illinois. March 2003

Cold Injury for the Tactical Officer. Mejia A. TEMS training day, Tinley Park Police  
Department Tinley Park, Illinois. December 16, 2002

Complex Hand Fractures. Mark Gonzalez MD, J Fernandez MD, Alfonso Mejia MD  
American Society for Surgery of the Hand. Cancun, Mexico January 2002

Common Hand Problems. Mejia A. Midwest Clinical Conference, Berkheiser  
Lecture, Chicago Medical Society February 2001

Agee Endoscopic Carpal Tunnel Release Course. Alfonso Mejia MD and Mark  
Gonzalez MD Rosemont, Illinois

Hand Fractures Instructional Course. Mark Gonzalez MD, Alfonso Mejia MD, and  
Norman Weinzweig MD

Annual Meeting of The American Hand Association. Scottsdale, Arizona  
January 1998

Treatment of Distal Radius Fractures with the Ulson Device. Alfonso Mejia MD,  
Amit Gupta MD, Thomas Wolff MD, and Louis Scheker MD Presented at Kleinert  
Hand Research Meeting, September 1996

Exhaled Pentane as a Marker for Free Flap Loss in a Rat Model Alfonso Mejia  
MD and Mark Gonzalez MD. University of Illinois Orthopaedic Surgery Senior  
Thesis June 1995

Posterior Iliopsoas Transfer for Hip Dysplasia in Myelomeningocele  
Alfonso Mejia MD and Edward Abraham MD. Annual Meeting of the  
American Academy of Orthopaedic Surgeons New Orleans, Louisiana  
February 1994

## **PUBLICATIONS:**

Mejia A., Bhimani AD, Macrinici V, Ghelani S, Huang EY, Khan NI, Saw TA, Orthopedics. 2018 Sep 17:1-6. Delving Deeper Into Informed Consent: Legal and Ethical Dilemmas of Emergency Consent, Surrogate Consent, and Intraoperative Consultation.

Mejia A, Solitro G, Gonzalez M, Parekh A, Gonzalez E, Amirouche F. Pullout Strength After Multiple Reinsertions in Radial Bone Fixation. Hand (N.Y). 2018, September.

Mejia A, MacGillis KJ, Heaberlin. Clinical Decision Making for a Soft Tissue Hand Mass: When and How to Biopsy. J. Hand Surg. Am.2018, June 13.

Mejia A, Solitro G, Gonzalez E, et al. (2018) Pullout Strength After Multiple Reinsertions in Radial Bone Fixation. Hand (New York, N.Y.).

Mejia A, Mayekar EM, Bayrak A, Shah S. Radiation Exposure to the Orthopaedic Surgeon and Efficacy of a Novel Radiation Attenuation Product. J. Surg Orthopaedic Advance 2017. Winter;26(6):246-249.

Radiation Exposure to the Orthopaedic Surgeon and Efficacy of a Novel Radiation Attenuation Product. Journal of Surgical Orthopaedic Advances. Bayrak A, Shah S, Mayekar E, Mejia A. 2016

Hand Compression Neuropathy: An Assessment Guide  
MacGillis K, Mejia A, Siemionov M. Journal of Family Practice. Vol65 No 7 p462-471 July 2016

Comparison of Potential Nerve Scar Agents in the Rat Model  
Mossad D, Shah S, Amirouche F, Solitro G, Helder C, Mejia A, Gonzalez M, Kerns J. Journal of Reconstructive Microsurgery Open May 2016

Falling Across the Palliative Care Continuum: Assessment, Prevention, and Management of Consequences. Monica Malec, Stacie Levine, and Alfonso Mejia Journal of Pain and Symptom Management, Volume 43, Issue 2 (February, 2012), p.357.

Ligamentous and Capsular Injuries to the Metacarpophalangeal Joints of the Hand. Smiresh Shah MD, Fernando Techy MD, Alfonso Mejia, MD-MPH, and Mark Gonzalez MD-MEng. Journal of Surgical Orthopaedic Advances Fall 2012 Volume 21 Number 3, September 2012, p141-146

## **BOOK REVIEW:**

AAOS, AEMT: Advanced Emergency Care and Transportation of the Sick and Injured, Third Edition, May 15, 2018.

AAOS, Nancy Caroline's Emergency Care in the Streets, 8th Edition. August 15, 2017



MESPLIE, Hand and Wrist Rehabilitation: Theoretical Aspects and Practical Consequences, Doody Publishing, January 27, 2016

TRAIL, Disorders of the Hand - Volume 1: Hand Injuries, Doody Publishing, January 21, 2016

CHUNG, Essentials of Hand Surgery, Doody Publishing, January 21, 2016.

Cheema, Complex Injurie of the Hand, Doody Publishing, August 2014

Ultrasound-guided Management of Hand Fractures, Orthopedics, Karina Paulius, Pirko Maguina, and Alfonso Mejia Volume 31 Number 12 December 2008

Upper Extremity Dog Bite Wounds and Infections. J Surg Orthop Adv (US), Winter 2005 14(4) p181-184. Bach G, Shah NA, Mejia A, *et al*

Surgical Management of Hand and Upper Extremity Infections in Children. *The Growing Hand*, Harcourt Brace Press, 2000. Chapter 99 by Alfonso Mejia MD, Amit Gupta MD, Edward Mah MD

Isolation of the Beta-Subunit of the Chloroplast H<sup>+</sup> Translocating ATPase of Spinach Thylakoids. Ingrid Apel BS, Alfonso Mejia, Wayne Frasch PhD. Proceedings of the VII International Congress on Photosynthesis: Vol III, No 1, 1987

## **ADMINISTRATIVE**

International Paramedic Registry  
United States of America Advisory Committee  
American Academy of Orthopedic Surgeons Representative  
August 2017 to Present

AAOS Board of Counselors  
Illinois Representative  
March 2017 to present

American Association of Latino Orthopaedic Surgeons (AALOS) President  
2017 - present

American Association of Latino Orthopaedic Surgeons (AALOS) – Secretary  
2013 – 2017

AOA  
Annual Meeting Abstract Review Committee  
2015 to 2016

President  
Illinois Association of Orthopedic Surgeons  
December 2014 to December 2016

AAOS Council on Education  
Mastery Model for Attending Education

Chair Work Group  
December 2015 to present

AAOS, Diversity Advisory Board Liaison to the Council on Education  
March 2014 to 2018

Council of Orthopaedic Residency Directors  
Nominating Committee  
Member  
2013 to 2014

M3/M4 Curriculum Committee  
University of Illinois at Chicago  
January 2013

AAOS, Washington Health Policy Fellows Selection Committee,  
2013

President-Elect  
Illinois Association of Orthopedic Surgeons  
2012-2013

Committee on CME  
Chicago Medical Society  
2012-2013

Committee on Public Health  
Chicago Medical Society  
2012-2013

Committee on Advocacy  
Chicago Medical Society  
2012-2013

Alternate Delegate  
Illinois State Medical Society  
2012-2013

Alternate Councilor  
Chicago Medical Society  
2012-2014

Vice Head, Department of Orthopedic Surgery  
University of Illinois at Chicago  
June 2011 to present

Vice President, Illinois Association of Orthopedic Surgeons, 2011-2012

AAOS, Washington Health Policy Fellows Selection Committee,  
2011

University of Illinois Faculty Advancement Committee Orthopedic Department  
Liaison, 2011 to Present

Secretary, Illinois Association of Orthopaedic Surgeons, October 2010 to 2011

Diversity Advisory Board Liaison to the Council on Advocacy, AAOS, June 2010  
to March 2014

Advisory Committee, Orthopaedic Surgery Department, University of Illinois at  
Chicago, November 2009 to Present

Curriculum Committee, College of Medicine, University of Illinois at Chicago,  
September 2009-Present

Regional Representative, Illinois Association of Orthopaedic Surgeons,  
September 2008 to September 2010

Program Director, University of Illinois Orthopaedic Surgery Residency, March  
2007 to Present

Committee on Public Health, Chicago Medical Society, 2007 – 2009

Committee on Continuing Medical Education, Chicago Medical Society, 2007 –  
2009

University of Illinois, Committee on Continuing Medical Education, August 2007 –  
Present

American Academy of Orthopedic Surgeons, Exhibits Committee Member, 2006  
to 2010

General Surgery Internal Review, University of Illinois GME, December, 2005

Associate Program Director, University of Illinois Orthopedic Surgery Residency,  
January 2002 to February 2007

University of Illinois, Committee, Graduate Medical Education, January 2002 to  
Present

University of Illinois Residency Selection Committee, September 1998 to Present

Pharmacy and Therapeutic Committee at St. Francis Hospital, Blue Island, IL,  
January 1998 to December 2001

Surgery Quality of Care Committee at St. Francis Hospital, Blue Island, IL,  
January 1998 to December 2001

Executive Committee, Pronger-Smith Medical Care, January 2000 to December  
2001



## **LANGUAGES**

Spanish (fluent)

## **VOLUNTEER WORK**

Shriners Silver Service (April 1994, 1995, 1997, 1998). Worked as member of a pediatric orthopaedic surgery team in Buga, Columbia providing free medical care to disabled children

Uzbekistan (May 1995). Evaluated orthopaedic surgery department at the Tashme II Hospital in Tashkent Uzbekistan as a member of a joint team from the University of Illinois and USAID

Galens Medical Society, (September 1986 to June 1987). Founder and President. A medical student service organization modeled after a similar organization at the University of Michigan devoted to raising funds and awareness for disabled and disadvantaged children

University of Michigan Hospitals (1985). Volunteer on the Hydrotherapy Unit,

University of Michigan Hospitals (1984). Volunteer on Orthopaedic Surgery floor

Amigos de las Americas (May to August 1983). Assistant Project Director. Worked directly with Peruvian Ministry of Public Health in the implementation of a dental hygiene and eyeglass distribution program in Huaraz, Peru

Amigos de las Americas (May to August 1982). Route Leader. Directed, supplied and coordinated a team of volunteers in a rabies control program in Santo Domingo de los Colorados, Ecuador

Amigos de las Americas (May to August 1981). Volunteer. Worked in child inoculation program in Santo Domingo, Dominican Republic

Amigos de las Americas (May to August 1980). Volunteer. Worked in community hygiene program in rural area of Oaxaca, Mexico

## **AWARDS**

Departmental Faculty of the Year (Teaching)

University of Illinois Department of Orthopedic Surgery 2013

Top Doctor in Hand Surgery, Regional; Castle and Connolly, 2011-2014

Intern of the Year, University of Illinois Department of Surgery, 1990

United Way and University of Illinois College of Medicine at Urbana-Champaign Service Award (for work on Galens Medical Society), 1987

Amigos de las Americas Service Award 1981, 1982, 1983

National Merit Scholar Finalist, 1982

Ecuador Ministry of Public Health Recognition Award (for work on rabies control program in the state of Pichincha, Ecuador), 1982

## **PROFESSIONAL AFFILIATIONS**

American Society of Hand Surgery July 2015 to Present

American Association of Hand Surgery 2014 to present

Mid America Orthopedic Association 2014 to present

Chicago Hand Society, January 2011 to present

American Orthopaedic Association, June 2010 to present

Illinois Association of Orthopaedic Surgeons, 2006 to present

American Academy of Orthopedic Surgeons, Fellow, 1999 to present

Illinois State Medical Society, Member, 1996 to present

Chicago Medical Society, Member, 1996 to present

American Academy of Orthopaedic Surgeons, Candidate Member, 1991 to 1999

## **LAW ENFORCEMENT**

CONTOMS certification

U.S. Park Police

Alexandria, Virginia

October 15-19, 2012

Basic SWAT School

Instructor, Tactical Emergency Medical Support

June to August 2012

South Suburban Emergency Response Team

NEMRT Accredited

Basic SWAT School

Instructor, Tactical Emergency Medical Support

July to September 2011

South Suburban Emergency Response Team

NEMRT Accredited

Basic SWAT School

Swat Officer Certification

July to September 2010

South Suburban Emergency Response Team

NEMRT Accredited

South Suburban Emergency Response Team  
Member February 2000 to Present

Tinley Park Police Department  
Reserve Police Officer  
November 2001 to Present

HK TEMS Course Basic  
Chantilly Virginia  
April 16-20 2001

HK TEMS Course Advanced  
Chantilly Virginia  
November 11-15, 2003

Law Enforcement Officer  
Part Time  
Illinois Law Enforcement Training and Standards Board Certificate  
February 22, 2003

STAR Program  
NMERT  
Crestwood Illinois  
March 09 2002 to March 09 2003

Illinois Tactical Officers Association Member  
November 2000 to Present

Posen Police Department  
Reserve Officer  
Rank Corporal  
July 28<sup>th</sup>, 2015 to Present

Lynwood Police Department  
Reserve Officer

Rank Patrolman  
Assigned to SSERT as TEMS Physician  
January 2013 to September 2014

Tinley Park Police Department  
Part Time Reserve Officer  
March 2002 to 2013

Calumet Park Police Department  
Part Time Auxiliary Police Officer  
March 2000 to February 2002





UNIVERSITY OF ILLINOIS  
Hospital & Health Sciences System  
Changing Medicine. For good.

Patient Name: WEAVER, WENDELL  
Sex: MALE DOB: 7/20/1976  
Discharge Date: n/a

MRN: 31391055  
Age: 42 years  
Financial Number: n/a

### Orthopedic Notes

Result Type:	Orthopedic Note
Result Date:	3/30/2017 00:00 CDT
Result Status:	Auth (Verified)
Performed Information:	Mejia MD, Alfonso (3/30/2017 16:52 CDT)
Signed Information:	Mejia MD, Alfonso (4/20/2017 13:56 CDT)

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

#### CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICT: KUSHAL PATEL, MD  
ATTNG: ALFONSO MEJIA, MD

MRN: 031391055  
DATE OF SERVICE: 03/30/2017

DATE OF BIRTH: 07/20/1976

CHIEF COMPLAINT: Left small finger and right index finger pain.

HISTORY OF PRESENT ILLNESS: This is a 40-year-old male, who is here for evaluation of his right index finger pain when bending it and left small finger stiffness.

In regard to his left small finger stiffness, he sustained a basketball injury, where he jammed his finger. It was dislocated at the PIP joint, however, it took 3 weeks for it to be imaged and then intervention via surgery was taking place. The injury occurred on August 5, 2015, and surgery was August 29, 2015. He had a couple of sessions of occupational therapy and then he has continued to have stiffness without improvement as well as pain at the DIP and PIP joint.

In regard to his right index finger, he has pain at the distal aspect of his digit. He just woke up and could not bend it at the DIP without pain. Denies any numbness or tingling in the right index finger.

PAST MEDICAL HISTORY: Hypertension, hyperlipidemia.

PAST SURGICAL HISTORY: Left small finger PIP reduction and repair of volar plate.

University of Illinois Hospital & Health Sciences System

Report Request ID: 37278769  
Print Date/Time: 1/8/2019 15:04  
CST

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Hospital & Health Sciences System  
Changing medicine. For good.

Patient Name: WEAVER, WENDELL  
Sex: MALE DOB: 7/20/1976  
Discharge Date: n/a

MRN: 31391055  
Age: 42 years  
Financial Number: n/a

### Orthopedic Notes

MEDICATIONS: Amlodipine, carvedilol, hydrochlorothiazide, Zocor, and Pepcid.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Denies alcohol, tobacco, illicit drug use. Patient is incarcerated.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Constitutional: Denies sleeping, weight gain, or fatigue. Eyes: No eye pain, visual changes, or double vision. Head, ear, nose, and throat: Denies any ear pain, drainage, sinus infection, hearing loss or change. Cardiovascular: Denies any chest pain, palpitations, heart murmurs, or fainting. Respiratory: Denies shortness of breath, wheezing, or persistent cough. Gastrointestinal: Denies any abdominal pain, nausea, vomiting, or diarrhea. Genitourinary: Denies any blood in urine, dysuria, or urinary frequency. Skin: Denies any rashes, lesions, or bumps. Hematologic: Denies any easy bruisability, bleeding disorders, or sickle cell. Psych: Denies any anxiety, depression, hallucinations. Allergic: Denies any food allergies, abnormal reactions, or rashes.

PHYSICAL EXAMINATION: Alert and oriented x3, in no acute distress. Nonlabored respiration. Cooperative. Normal affect. He has a regular rate and rhythm palpable by radial pulse. Brisk capillary refill in all digits. He has full range of motion of his wrist and no pain. He has pain of his right index finger over the DIP joint. A cyst is palpable over the dorsal DIP. He has tenderness to palpation and limits his DIP flexion. Left small finger reveals tenderness to palpation at the DIP and PIP joint. He has DIP motion from 0-30 degrees. PIP is stuck in flexion of about 20 degrees with almost zero motion. Sensation is intact to light touch over each digit. Brisk capillary refill is noted.

IMAGING: X-ray imaging of the right index finger today shows some degenerative changes of the DIP with osteophyte formation. A small soft tissue mass is appreciated over the PIP joint. No bony tumors noted. X-ray imaging of the left small finger reveals advanced degenerative changes at the PIP joint and DIP joint. There is a suture anchor at the proximal aspect of the middle phalanx. A malunion of the volar plate is appreciated.

ASSESSMENT/PLAN: This is a 40-year-old male with 2 issues:



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Patient Name: WEAVER, WENDELL  
Sex: MALE DOB: 7/20/1976  
Discharge Date: n/a

MRN: 31391055  
Age: 42 years  
Financial Number: n/a

Orthopedic Notes

1. He has left small finger posttraumatic arthritis of the proximal interphalangeal joint and after a likely proximal interphalangeal dorsal dislocation as well as distal interphalangeal joint arthritis. He has 2 options, which include occupational therapy and a proximal interphalangeal plus-minus distal interphalangeal fusion depending on the severity of his pain. We discussed the pros and cons and the patient wished to pursue a course of occupational therapy to see if he can improve his range of motion at the proximal interphalangeal and distal interphalangeal.
2. For the right index finger, we discussed options of leaving it alone or excising this likely mucous cyst. The patient wished to proceed with the excision of mucous cyst as this affects his activities of daily living and causes him significant pain and discomfort. The patient consented to the excision of right index finger distal interphalangeal mucous cyst. Risks, benefits, and alternatives were discussed with the patient.
3. The patient was not given the surgical date, however, it was written down in the paperwork to be April 14, 2017. This will be an outpatient surgery. The patient understood and agreed with the plan. Dr. Mejia saw and evaluated the patient and agrees with the above-mentioned plan.

DD: 03/30/2017 16:52:43  
DT: 03/30/2017 17:25:11  
KP/MedQ  
JOB: 113523/736790290

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.





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Patient Name: WEAVER, WENDELL  
Sex: MALE DOB: 7/20/1976  
Discharge Date: n/a

MRN: 31391055  
Age: 42 years  
Financial Number: n/a

### Orthopedic Notes

Result Type:  
Result Date:  
Result Status:  
Performed Information:  
Signed Information:

Orthopedic Note  
12/14/2017 00:00 CST  
Auth (Verified)  
Mejia MD, Alfonso (12/14/2017 13:04 CST)  
Mejia MD, Alfonso (12/21/2017 16:08 CST)

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

#### CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICTIONARY: KARINA KATCHKO, MD  
ATTENDING: ALFONSO MEJIA, MD

MRN: 031391055  
DATE OF SERVICE: 12/14/2017

DATE OF BIRTH: 07/20/1976

CHIEF COMPLAINT: Followup of right index finger dorsal mass excision. As well as left small finger pain.

HISTORY OF PRESENT ILLNESS: Mr. Wendell Weaver is a 41-year-old male who is here for followup of a right index finger mass removal performed on 04/14/2017. The official pathology report came back saying that the fibrocartilaginous tissue was consistent with an osteophyte. The patient reports that he has minimal issues with his right index finger, he feels that it is doing well.

His main concern at this time is that he has left small finger pain. The patient reports that in 2015, he dislocated the PIP of this finger, and they were unable to perform a closed reduction, so he underwent an open reduction and pinning of his PIP dislocation, at Saint Joseph's Hospital. The patient reports ever since this time, he has had small finger pain primarily at the site of the PIP itself as well as at the MCP joint.

REVIEW OF SYSTEMS: Negative for nausea, vomiting, fever, chills.

PHYSICAL EXAMINATION: Patient is alert and oriented x3, in no acute distress. He has nonlabored respirations. He appears his stated age. He is slightly overweight. The patient has some tenderness to palpation at the dorsoulnar

University of Illinois Hospital & Health Sciences System

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Report Request ID: 37278769  
Print Date/Time: 1/8/2019 15:04  
CST





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Changing medicine. For good.

Patient Name: WEAVER, WENDELL  
Sex: MALE DOB: 7/20/1976  
Discharge Date n/a

MRN: 31391055  
Age: 42 years  
Financial Number: n/a

*Orthopedic Notes*

aspect of his MCP of the small finger. He does not have any tenderness to palpation at the PIP joint itself, or the A1 pulley. He is unable to make a full fist, given the stiffness at his PIP joint. Some subtle left small finger extensor tendon subluxation is appreciated during range of motion. His sensation is intact to light touch in the median, radial, and ulnar nerve root distributions. His AIN, PIN, and ulnar motor nerve functions are intact.

IMAGING: X-rays were reviewed during the clinic today, they demonstrate some significant posttraumatic arthritis of the PIP joint.

ASSESSMENT AND PLAN: Mr. Wendell Weaver is a 41-year-old male, here for followup of right index finger dorsal mass excision as well as for left small finger pain, status post a PIP dislocation and open reduction.

The patient, at this time, we feel that he has significant arthritis of the PIP joint, and that there is unlikely anything that could be done to help him regain full range of motion of this finger. We recommend that he have a fusion of this PIP joint at some point. The patient is not sure that he would like to schedule something like this, as it would mean a permanent loss of range of motion at this joint.

He can follow up with us on an as-needed basis if he decides he would like to have the fusion.

The patient vocalized an understanding of the above assessment and plan. All his questions were answered during his visit today.

Dr. Mejia was present for the evaluation of this patient and agrees with the above plan.

DD: 12/14/2017 13:04:07  
DT: 12/14/2017 13:43:01  
EK/MedQ  
JOB: 432911/769218868  
329~wESQ

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.



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Hospital & Health Sciences System  
*Changing medicine. For good.*

Patient Name: WEAVER, WENDELL  
Sex: MALE DOB: 7/20/1976  
Discharge Date: n/a

MRN: 31391055  
Age: 42 years  
Financial Number: n/a

*Orthopedic Notes*

Alfonso Mejia, MD, MPH

*Electronically Signed on 12/21/17 04:08 PM*

*Mejia MD, Alfonso*





UNIVERSITY OF ILLINOIS  
Hospital & Health Sciences System  
*Changing medicine. For good.*

Patient Name: WEAVER, WENDELL  
Sex: MALE DOB: 7/20/1976  
Discharge Date: n/a

MRN: 31391055  
Age: 42 years  
Financial Number: n/a

### Orthopedic Notes

Result Type:	Orthopedic Note
Result Date:	11/1/2018 10:07 CDT
Result Status:	Auth (Verified)
Performed Information:	Sabella RN, Dulce (11/27/2018 10:24 CST)
Signed Information:	Sabella RN, Dulce (11/27/2018 10:24 CST)

RN meet with patient face to face. Surgery Folder was given guards and faxed to Barbara Johnson at 312-996-1207

The folder includes: *Preparing for Surgery: Taking Your Medication*, and a copy of the *Preparing for Surgery: Taking Your Medication*. RN advised patient to stop any aspirin/aspirin products, NSAIDS, and/or anti-coagulants one week prior to surgery. A copy of the *Pre-Surgery/ Pre-Procedure Shower Instructions* and bottle of Scrub Stat 4% soap were provided to the guards. See under patient education for additional handout given to the patient.

In addition, Barbara Johnson was given a Medical Clearance form for inmate to be evaluated by facility MD. All materials above were faxed to Barbara Johnson including post-op appointment.

Faxed medical clearance form, clinical notes and itinerary to Barb Johnson.

Surgery: 12/07/2018 Left small finger capsular release and tenolysis 26445

Dx: Left small finger PIP joint stiffness M24.521, M79.645

Attending Physician: Dr. Mejia

APEC appt: 11/19/2018 115pm

Clearances: Medical clearance needed

pre-op testing ordered: n/a

Total Face to Face time: 10min

PCP at Statesville

Patient telephone: 815-727-3607

Dulce Sabella RN  
Staff Nurse  
University of Illinois Hospital & Health Sciences System  
Department of Orthopedics





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Patient Name: WEAVER, WENDELL MRN: 31391055  
Sex: MALE DOB: 7/20/1976 Age: 42 years  
Discharge Date: n/a Financial Number: n/a

### Orthopedic Notes

Result Type: Orthopedic Note  
Result Date: 11/1/2018 00:00 CDT  
Result Status: Modified  
Performed Information: Mejia MD, Alfonso (12/11/2018 10:40 CST); Mejia MD, Alfonso (11/2/2018 08:34 CDT)  
Signed Information: Mejia MD, Alfonso (12/11/2018 10:40 CST); Mejia MD, Alfonso (12/11/2018 10:39 CST)

Addendum by Mejia MD, Alfonso on December 11, 2018 10:40 AM

\*Insert Addendum Here:

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Electronically Signed on 12/11/18 10:40 AM

Mejia MD, Alfonso

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

### CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICT: ARASH REZAEI, MD  
ATTNG: ALFONSO MEJIA, MD

MRN: 031391055  
DATE OF SERVICE: 11/01/2018

DATE OF BIRTH: 07/20/1976

CHIEF COMPLAINT: Left small finger pain.

HISTORY OF PRESENT ILLNESS: Mr. Wendell is a 42-year-old male, presents to our office for the followup of left small finger pain. The patient was last seen in our office on 12/14/2017. The patient reports he had an injury to the left small finger in 2015 for which he underwent an open reduction and internal fixation with pin placement. Since the day of the surgery, he has not been able to fully bend his left small finger. He has not been able to make a full fist. He has some difficulty with daily activities including lifting objects, pushing, and pulling. The patient endorses he has had physical therapy for the same issue, but he believes physical therapy did not help relieve the symptoms significantly.

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*Changing lives. For good.*

Patient Name: WEAVER, WENDELL  
Sex: MALE DOB: 7/20/1976  
Discharge Date: n/a

MRN: 31391055  
Age: 42 years  
Financial Number: n/a

*Orthopedic Notes*

PAST MEDICAL HISTORY: Hypertension, hyperlipidemia, and cardiac arrhythmia.

MEDICATIONS: Losartan and flecainide.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Left small finger PIP, ORIF in 2015.

SOCIAL HISTORY: The patient denied tobacco, alcohol, and drug use.

REVIEW OF SYSTEMS: The patient denies fever, chills, nausea, vomiting, diarrhea, constipation, chest pain, shortness of breath, headache, visual changes, hearing loss, easy bleeding, easy bruising, heat or cold intolerance, hematuria hemoptysis, and hematochezia.

PHYSICAL EXAMINATION: General: The patient is alert and oriented x3, not in acute distress, cooperative with the examiner. Mood and affect are appropriate. HEENT: Head is normocephalic, atraumatic. Neck: Supple. No lymphadenopathy. Chest: Nontender to palpation. Nonlabored breathing. Heart: Regular rate and rhythm based on peripheral pulses. Abdomen: Soft, nontender, and nondistended. Musculoskeletal: Exam of the left upper extremity indicates there is mild swelling over the MCP joint of the left small finger. There is some tenderness to palpation at the dorsoulnar aspect of the MCP joint of the small finger. He has mild tenderness to palpation at the PIP joint and at the A1 pulley. He is not able to make a full fist given the stiffness at his PIP joint. The PIP joint range of motion is almost 0. The DIP joint range of motion is about 5 degrees. The MCP joint is about 0-80 degrees. There is some subtle left small finger extensor tendon subluxation appreciated during the range of motion. Sensation is intact to light touch in the median, radial, and ulnar nerve distribution. His AIN, PIN, and ulnar motor nerve functions are intact. Radial pulses are 2+ bilateral and symmetric.

ASSESSMENT AND PLAN: Mr. Wendell is a 42-year-old male who presents to our office for the followup of left small finger pain and stiffness. We explained several options for the patient including continue conservative management with physical therapy and over-the-counter pain medications with range of motion exercises. Also, possible surgery for capsular release and tenolysis of the PIP joints were explained for the patient. Risks and benefits of the surgery including infection, bleeding, damage to the surrounding structures,





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### Orthopedic Notes

persistent pain, I explained for the patient in detail. We explained for the patient that after the surgery, the range of motion might be so limited that we might need to go ahead and do articular fusion. The patient at this point is not interested in articular fusion. He decided to go with the surgery option. Package was filled for the patient. A tentative date of December 7th scheduled for the date of surgery. The patient voiced understanding of the above treatment plan. Dr. Mejia formulated the above treatment plan and was present during the evaluation of this patient.

DD: 11/02/2018 08:34:40  
DT: 11/02/2018 09:29:32  
AR/MedQ  
JOB: 938170/812495353

#### \*Insert Addendum Here:

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Electronically Signed on 12/11/18 10:39 AM

Mejia MD, Alfonso